


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 050 ****61.25

| | |
|---|---|
| DOCUMENT # 721720 |  |
| 1. Entity Name HALEKULANI CONDOMINIUM ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 255 2ND AVENUE SOUTH NAPLES, FL 34102 | Mailing Address 745 12TH AVE., S. SUITE AA NAPLES, FL 34102 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40078457



04242006 Chg-NP CR2E037 (11/05)

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|---|--|
| 4. FEI Number 59-1420416 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | |
| MOORE PROPERTY MGMT 745 12TH AVE SOUTH SUITE D NAPLES, FL 34102 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|---|---|---------------------------------------|--|
| Filing Fee Is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---------------------------------------|--|

| | | | |
|----------------------------|--------------------------------------|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAHONEY, SHELIA | NAME | |
| STREET ADDRESS | 255 2ND AVE SOUTH B2 | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, MILDRED | NAME | |
| STREET ADDRESS | 255 2ND AVENUE SOUTH | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPAISER, BEN | NAME | |
| STREET ADDRESS | 255 2ND AVENUE SOUTH | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | PRES <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORON, DONALD | NAME | |
| STREET ADDRESS | 255 2ND AVE S#A1 | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BACCHI, RUSSELL | NAME | |
| STREET ADDRESS | 255 2ND AVE S #B3 | STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES, FL 34102 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *[Signature]* _____ *4-28-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #