

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90466 028 ****61.25

DOCUMENT # 724154

1. Entity Name

ALIKI MANAGEMENT ASSOCIATION, INC. THE



Principal Place of Business

2828 NO. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address

2828 NO. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1464650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, JIM
2828 N ATLANTIC AVE
DAYTONA BCH. FL 32118

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JIM MANNING	
STREET ADDRESS	2828 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL 32118	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOWLING, SYLVIA	
STREET ADDRESS	2828 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, MURIEL	
STREET ADDRESS	2828 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLUG, MIKE	
STREET ADDRESS	2828 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POE, CHRIS	
STREET ADDRESS	2828 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JAMES	
STREET ADDRESS	2828 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM SHAULIS
STREET ADDRESS	2828 N. ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]