


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 026 ****61.25

DOCUMENT # 749065 1. Entity Name HAWAIIAN ASSOCIATION, INC.					
Principal Place of Business 150 EL DORADO, APT. 105 WINTER HAVEN, FL 33884-1636			Mailing Address 150 EL DORADO, APT. 105 WINTER HAVEN, FL 33884-1636		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2185870				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 MCKEE, JOENE TD 150 EL DORADO, APT 105 WINTER HAVEN, FL 33884			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAXTON, JOHN		NAME		
STREET ADDRESS	150 EL DORADO DR, #308		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	VP/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SHEA, MARILYN		NAME		
STREET ADDRESS	150 EL DORADO, #110		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	S/D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEAGIN, LYNNETTE		NAME	STAT/D E.E/IZABETH BRAXTON	
STREET ADDRESS	150 EL DORADO, #205		STREET ADDRESS	236 MARIPOSA	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	T/D <input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEE, JOENE		NAME	TITLE	
STREET ADDRESS	150 EL DORADO - #105		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURRAY, SPOONER		NAME	D MARCELLA ROWE	
STREET ADDRESS	150 EL DORADO #304		STREET ADDRESS	150 EL DORADO #107	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHN, TURNBULL		NAME	D EDWARD STREJCEK	
STREET ADDRESS	150 EL DORADO #302		STREET ADDRESS	150 EL DORADO #310	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
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: <i>E. Elizabeth Braxton</i> / E.E/IZABETH BRAXTON 4/3/06 863-815-1371					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					