

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750554

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** THE ALIKI FORUM CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-2088351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYS, TERRIE  
150 DUNDEE ROAD  
SUITE B  
DAYTONA BEACH SHORES, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOWE, JOAN  
Address: 2200 N. ATLANTIC AVE #1002  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP  
Name: MCZIER, ARTHUR  
Address: 2200 N. ATLANTIC AVE #PH 1  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S  
Name: FUSCO, ROBERTA  
Address: 2200 N ATLANTIC AVE #1402  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T  
Name: CARAVELLO, DON  
Address: 2200 N ATLANTIC AVE #1601  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D  
Name: OTTENSTEIN, AUDREY  
Address: 2200 N. ATLANTIC AVE. #1901  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN BOWE

PRES

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date