


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 013 ****61.25

DOCUMENT # 755512 1. Entity Name THE ALOHA CONDOMINIUM, INC.					
Principal Place of Business 1891 HWY. A-1-A INDIAN HARBOUR BEACH, FL 32937				Mailing Address PO BOX 34003 INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2124356	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALECKY, WILLIAM J 1891 HWY A1A #104 INDIAN HARBOUR BCH, FL 32937				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;">FL</div> 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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATES, KAREN	NAME			
STREET ADDRESS	2898 DONALDSON DR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32812	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALECKY, WILLIAM	NAME			
STREET ADDRESS	6297 WALKERS CROFT WAY	STREET ADDRESS			
CITY-ST-ZIP	ALEXANDRIA, VA 22315	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAWN, SUZANNE	NAME	<i>President</i>		
STREET ADDRESS	4399 SW 97 CT	STREET ADDRESS	<i>Suzanne Cawn</i>		
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	<i>1891 Hwy A1A #301</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Indian Harbour Beach, FL 32937</i>		
NAME	FLYNN, RON	NAME			
STREET ADDRESS	11501 OSPREY PT	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODWIN, CHRIS	NAME			
STREET ADDRESS	1891 HWY A1A # 102	STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOUR, FL 32937	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: <i>Suzanne M Cawn</i>		<i>2/2/08</i> <i>321-779-9936</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					