

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755512

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THE ALOHA CONDOMINIUM, INC.

**Current Principal Place of Business:**

1891 HWY. A-1-A  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 34003  
INDIALANTIC, FL 32903

**New Mailing Address:**

1891 HWY A-1-A  
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 59-2124356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DALECKY, WILLIAM J  
1891 HWY A1A #104  
INDIAN HARBOUR BCH, FL 32937 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: S ( ) Delete  
Name: BATES, KAREN  
Address: 2898 DONALDSON DR  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: DALECKY, WILLIAM  
Address: 6297 WALKERS CROFT WAY  
City-St-Zip: ALEXANDRIA, VA 22315

Title: P ( ) Delete  
Name: COWN, SUZANNE  
Address: 1891 HWY A7A #301  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: FLYNN, RON  
Address: 11501 OSPREY PT  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: GOODWIN, CHRIS  
Address: 1891 HWY A1A # 102  
City-St-Zip: INDIAN HARBOUR, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOODWIN, CHRIS  
Address: 1891 HWY A-1-A #102  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN BATES

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date