

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756442 (0)

1. Corporation Name

ROYAL HAWAIIAN CLUB CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

1100 PONDELLA RD
N FT MYERS FL 33903

1100 PONDELLA RD
N FT MYERS FL 33903

3. Date Incorporated or Qualified

02/20/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2159439

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVE, CHRISTOPHER N. ESQ
12811 KENWOOD LANE
SUITE 206
FT MYERS FL 33907

81 Name

Jerry Newby

82 Street Address (P.O. Box Number Is Not Acceptable)

552 Plaza Del Sol

83

N. Ft. Myers, FL

84

City

FL

85 Zip Code

33717

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jerry Newby
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jerry Newby

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE
NAME CHOINSKI, MARY ANN
STREET ADDRESS 1100 PONDELLA RD #608
CITY-ST-ZIP NO FT MYERS FL

1.1 TITLE T ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME KIELPINSKI, GEORGE
STREET ADDRESS 1100 PONDELLA RD 803
CITY-ST-ZIP N. FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME STEVENS, GURDEN
STREET ADDRESS 1100 PONDELLA RD #810
CITY-ST-ZIP N.FT.MYERS FL

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PACOWTA, WALLACE
STREET ADDRESS 1100 PONDELLA RD #504
CITY-ST-ZIP N FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME PRIEST, MILDRED
STREET ADDRESS 1100 PONDELLA ROAD
CITY-ST-ZIP N. FT. MYERS FL

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Kielpinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Kielpinski 1-24-96

Date

941-772-2966

Daytime Phone #

CR2E037 (12/95)