2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756442

FILED Apr 07, 2009 Secretary of State

Entity Name: ROYAL HAWAIIAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1100 PONDELLA RD CAPE CORAL, FL 33909 **Current Mailing Address: New Mailing Address:** 1100 PONDELLA RD CAPE CORAL, FL 33909 FEI Number: 59-2159439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEBOEST, STOCKMAN, DECKER ET. AL. 1415 HENDRY STREET FORT MYERS, FL 33901 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEBLANC, STEVE DAVIS, LOUIS Name: Name: 1100 PONDELLA RD #1004 Address: 1100 PONDELLA RD #506 Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 Title: Title: (X) Change () Addition () Delete HARLOW, PAUL Name: GALLAGHER, THOMAS Name: Address: 1100 PONDELLA RD #1006 Address: 1100 PONDELLA RD #811 City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 Title: () Delete Title: (X) Change () Addition HESS, LINDA LIEBERTZ, NORA Name: Name: 8595 COLLAGE PKWY #A-1 1100 PONDELLA RD. #609 Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: CAPE CORA;L, FL 33909 (X) Change () Addition Title: () Delete Title: Name: NOYES, VIRGINIA Name: COLLINS, PHYLLIS 1100 PONDELLA RD. #407 Address: 525 PANELA DR. Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: CAPE CORAL, FL 33909 Title: () Delete Title: (X) Change () Addition GURETO, DONNA CELANI, THOMAS Name: Name: 1100 PONDALE ROAD #902 1100 PONDALE ROAD #508 Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 Title: (X) Delete Title: () Change () Addition GALLAGHER, THOMAS Name: Name: Address: 1100 PONDELLE RD 811 Address: CAPE CORAL, FL 33909 City-St-Zip: 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: LOUIS DAVIS P 04/07/2009