2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760775

FILED Apr 30, 2008 Secretary of State

Entity Name: MOLOKAI VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 16590 PERDIDO KEY DR PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** 13880 PERDIDO KEY DR. PENSACOLA, FL 32507 FEI Number: 63-0886890 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: BEUMER, BRENDA MGR BEUMER, BRENDA 13880 PERDIDO KEY DR. 13880 PERDIDO KEY DR. US PENSACOLA, FL 32507 PENSACOLA, FL 32507 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: BRENDA L. BEUMER 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HYDE, JOHN Name: Name: 238 HIDDEN HILLS RD. Address: Address: City-St-Zip: JACKSONVILLE, AL 36265 City-St-Zip: Title: Title: (X) Change () Addition () Delete SCHNEIDER, JEFF Name: SCHNEIDER, JEFF Name: Address: 320 WESTOVER DRIVE Address: 320 WESTOVER DRIVE City-St-Zip: BIRMINGHAM, AL 35209 City-St-Zip: BIRMINGHAM, AL 35209 Title: TREA () Delete Title: (X) Change () Addition SIMS, WAYNE KAREN, ROYSTON Name: Name: 1457 GOLDMINE BRANCH RD. 1070 COLORADO BEND Address: Address: City-St-Zip: MARBURY, AL 36051 City-St-Zip: BOGART, GA 30622 Title: () Delete Title: В (X) Change () Addition Name: HARRIS, JAMES Name: SULLIVAN, JOHN 1149 COUNTRY CLUB CIRCLE 3955 WINDSOR DRIVE Address: Address: City-St-Zip: BIRMINGHAM, AL 35244 City-St-Zip: THEODORE, AL 36582 Title: () Delete Title: (X) Change () Addition SHOEMAKER, TOM SPENCE, JAMES Name: Name: 7010 CLYDESDALE DR. .1533 S. 8TH STREET Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: ST. LOUIS, MO 63104 Title: () Delete Title: () Change (X) Addition HAMM, JOHNNY Name: Name: Address: Address: 273 COUNTY ROAD 564 SELMA, AL 36701 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: CHERIE J. DEAN MGR 04/30/2008