## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#760775**

FILED Apr 13, 2009 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				16590 /16591 PERDIDO KEY DR PENSACOLA, FL 32507			
Current Mailing Address:			New Ma	New Mailing Address:			
	DIDO KEY DR LA, FL 32507						
El Number:	63-0886890	FEI Number Applied For ( )	FEI Number Not A	pplicable ( )	Certificate of Status	Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name a	nd Address o	f New Registered Ag	ent:	
	BRENDA DIDO KEY DR LA, FL 32507	US					
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing	g its registered	d office or registered a	gent, or both,	
SIGNATUR							
	Electroni	c Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	P () HYDE, JOHN 238 HIDDEN HIL JACKSONVILLE		Title: Name: Address: City-St-Zip	v:	( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	VP () SCHNEIDER, JE 320 WESTOVER BIRMINGHAM, A	RDRIVE	Title: Name: Address: City-St-Zip	SULLIVAN, J 3955 WINDS	SOR DRIVE		
Fitle: Name: Address: City-St-Zip:	S () KAREN, ROYST 1070 COLORAD BOGART, GA 30	O BEND	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	B () SULLIVAN, JOHN 3955 WINDSOR THEODORE, AL	DRIVE	Title: Name: Address: City-St-Zip	GODBEY, M 6720-A N. U	(X) Change ( ) Addition IARIA FE UCHEE ROAD JBEE, AL 36858		
Fitle: Name: Address: City-St-Zip:	B () SPENCE, JAME: .1533 S. 8TH ST ST. LOUIS, MO	REET	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		
Fitle: Name: Address: Dity-St-Zip:	B () HAMM, JOHNNY 273 COUNTY RO SELMA, AL 367	DAD 564	Title: Name: Address: City-St-Zip	SCHNEIDER 320 WESTO	*		

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 04/13/2009