FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00024 (2)

1. Corporation Name

MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
141 MALAYON WAY LEESBURG FL 34788	141 MALAYON WAY LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2445106 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
COLLING, LEE JAY & ASSOC 20 N ORANGE AVE STE 700 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HANSEN, JOHN C	12 NAME	
STREET ADDRESS	141 MALAYON WAY	13 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	D ☐ Change ☒ Addition
NAME	DUPUIS, GERALD	22 NAME	EDWIN BLUM
STREET ADDRESS	191 PARADISE NORTH	23 STREET ADDRESS	149 PARADISE NORTH
CITY-ST-ZIP	LEESBURG FL 34788	24 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D	31 TITLE	VD ☒ Change ☐ Addition
NAME	HINDMAN, JACK M	32 NAME	HINDMAN, JACK M
STREET ADDRESS	265 PALAI AVE.	33 STREET ADDRESS	265 PALAI AVE
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, MARIE	42 NAME	
STREET ADDRESS	152 MALAYON WAY	43 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TD ☐ Change ☒ Addition
NAME	RAYMOND, JACK	52 NAME	DOROTHY SHAW
STREET ADDRESS	153 MALAYON WAY	53 STREET ADDRESS	54 CONE CIRCLE
CITY-ST-ZIP	LEESBURG FL 34788	54 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	VD	61 TITLE	VD ☒ Change ☐ Addition
NAME	PARKIN, WILLIAM	62 NAME	DONALD HAMILLESS
STREET ADDRESS	115 AHA WAY	63 STREET ADDRESS	142 MALAYON WAY
CITY-ST-ZIP	LEESBURG FL	64 CITY-ST-ZIP	LEESBURG FL 34788

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: John C Hansen — April 8 1995 — 940-742-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN C HANSEN - PRESIDENT