

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**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**

3. Date Incorporated or Qualified  
**11/29/1983**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business  
**265 Palai Ave.**

2a. Mailing Address  
**265 Palai Ave.**

4. FEI Number  
**59-2445106**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**Leesburg, Fl.**

City & State  
**Leesburg, Fl.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**34788**

Country **U.S.A.**

Zip  
**34788**

Country **U.S.A.**

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 **None AT This Time**  
82 Street Address (P.O. Box Number is Not Acceptable) **PO BOX 1733877**  
83 **04/25/96-01017-007**  
**\*\*\*\$61.25**  
84 City **FL** 85 Zip Code

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JOHN C	
STREET ADDRESS	141 MALAYON WAY	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUM, EDWIN	
STREET ADDRESS	149 PARADISE NORTH	
CITY - ST - ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HINDMAN, JACK M	
STREET ADDRESS	265 PALAI AVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAQUIRE, MARIE	
STREET ADDRESS	152 MALAYON WAY	
CITY - ST - ZIP	LEESBURG FL 34788	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, DOROTHY	
STREET ADDRESS	56 CONO CIRCLE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARKLESS, DONALD	
STREET ADDRESS	142 MALAYON WAY	
CITY - ST - ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD John A Hindman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	265 PALAI Ave	
1.3 STREET ADDRESS	Leesburg FL 34788	
1.4 CITY - ST - ZIP		
2.1 TITLE	TD BLUM, EDWIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	149 PARADISE NORTH	
2.3 STREET ADDRESS	LEESBURG, FL. 34788	
2.4 CITY - ST - ZIP		
3.1 TITLE	VD HARVEY Giddings	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	263 Kelou Court	
3.3 STREET ADDRESS	Leesburg FL 34788	
3.4 CITY - ST - ZIP		
4.1 TITLE	SD Richard LeRoy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	151 Paradise North	
4.3 STREET ADDRESS	Leesburg FL 34788	
4.4 CITY - ST - ZIP		
5.1 TITLE	D Pauline Kehler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	60 Kono Circle	
5.3 STREET ADDRESS	Leesburg FL 34788	
5.4 CITY - ST - ZIP		
6.1 TITLE	D Helen Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	144 Paradise North	
6.3 STREET ADDRESS	Leesburg FL 34788	
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 **John A. HINDMAN, PRES.** *John A Hindman* 4/17/96 (352)742-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.  
265 PALAI AVENUE  
LEESBURG, FL. 34788

TITLE D  
NAME Frank Letscher  
STREET ADDRESS 118 WAWA  
CITY, ST. ZIP Leesburg FL 34788

TITLE D  
NAME James McCormick  
STREET ADDRESS 225 Paradise South  
CITY, ST. ZIP Leesburg FL 34788

TITLE D  
NAME Joe Frick  
STREET ADDRESS 203 Paradise South  
CITY, ST. ZIP Leesburg FL 34788