

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00024** (2)
1. Corporation Name
MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.



Principal Place of Business 265 PALAI AVE. LEESBURG FL 34788	Mailing Address 265 PALAI AVE. LEESBURG FL 34788-8768
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 263 Kelou Court 27 Suite, Apt. #, etc. 28 Leesburg, Fl. 34788 29 Zip 30 Country		3. Date Incorporated or Qualified 11/29/1983	3a. Date of Last Report 04/24/1996
				4. FEI Number 59-2445106	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLING, LEE JAY & ASSOC 20 N ORANGE AVE STE 700 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name Giddings, Harvey 82 Street Address (P.O. Box Number is Not Acceptable) 263 Kelou Court 83 Molokai M.H.P. 84 City Leesburg, FL 85 Zip Code 34788	
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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 *Harvey Giddings* **HARVEY GIDDINGS** **March 25, 1997.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDMAN, JOHN C A 265 PALAI AVE. LEESBURG FL 34788 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Giddings, Harvey 263 Kelou Court Leesburg, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLUM, EDWIN 149 PARADISE NORTH LEESBURG FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Burgess, Arthur A. 192 Paradise N. Leesburg, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIDDINGS, HARVEY 263 KELOU CT LEESBURG FL 34788 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Keller, Pauline 60 Kono Circle Leesburg, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEROY, RICHARD 151 PARADISE N LEESBURG FL 34788 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Morrow, Geraldine 219 Paradise South Leesburg, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, PAULINE 60 KONO CIRCLE LEESBURG FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D LeRoy, Richard 151 Paradise n. Leesburg, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WILLIAMS, HELEN 144 PARADISE N LEESBURG FL 34788 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Springer, Robert 26 Hawaii Way Leesburg, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harvey Giddings* **HARVEY GIDDINGS** **March 25 1997 352-742-1443**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0070671

CR2E037 (9/96)