2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 8:00 am **Secretary of State** DOCUMENT # N00024 1. Entity Name 03-03-2006 90117 014 ****61.25 MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC. Principal Place of Business Mailing Address 13 HAWAIIAN WAY 13 HAWAIIAN WAY LEESBURG FL 34788 LEESBURG FL 34788 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 59-2445106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered 7. Name and Address of New Registered Agent Name PASSEMATO, TONY Street Address (P.O. Box Number is Not Acceptable) 261 KELOU CT LEESBURG FL 34788 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PASSEMATO, TONY NAME NAME 2611 KELOU CT STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition TITLE TITLE GIANANGLI, LARRY NAME NAME STREET ADDRESS 136 MALAYON WAY STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP TITLE ☐ Delete TITLE ____ Addition__ TREMLETT NAME TRELETT, JOHN NAME STREET ADDRESS 17 HAWAIIAN WAY STREET ADDRESS LEESBURG FL 34788 CITY-ST-7IP CITY-ST-21P ☐ Addition TITLE ☐ Delete TITLE Change POSSEMATO, TONY NAME NAME STREET ADDRESS 261 KELOU COURT STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE MATCHETT, MIKE NAME NAME 106 DIAMOND HEAD STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SEERY, DOUGLAS NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with advaddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ()

STREET ADDRESS

CITY-ST-ZIP

119 MALAYON WAY

LEESBURG FL 34788

brial

leb 22, 2006 352-343-159

FILED