2009 **ANNUAL REPORT (AR)**

DOCUMENT # N00024

1. Entity Name

MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.

FILED

09 FEB 24 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13 HAWAIIAN WAY LEESBURG FL 34788 US	13 HAWAIIAN WAY LEESBURG FL 34788 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
MOLOKAI COM. PARK	261 KELOU CT
Suite, Apt. #, etc.: 261 KELOU CT	Suite, Apt. #, etc.: MOLOKAI COM. PARK
City & State: LEESBURG FLA.	City & State: LEESBURG FLA.
Zip: 34788 Country: LAKE	Zip: 34788 Country: LAKE

4. FEI Number: 59-2445106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASSEMATO, TONY 261 KELOU CT LEESBURG FL 34788	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PASSEMATO, TONY 2611 KELOU CT LEESBURG FL 34788 PRES. TREAS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800144257308 02/24/09-01009-001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIANANGLI, LARRY 136 MALAYON WAY LEESBURG FL 34788 V-P	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCIA-SEERY 119 MALAYON WAY LEES BURG, FL. 34788 TREAS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEERY, DOUGLAS 119 MALAYON WAY LEESBURG FL 34788 DIR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 any address, with all other like empowered.

SIGNATURE: Anthony Passemato Pres. Feb 14, 2009