

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00024 1. Entity Name MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.																													
Principal Place of Business 1 HAWAIIAN WAY LEESBURG, FL 34788 US				Mailing Address 261 KELOU CT LEESBURG, FL 34788 US																									
ATTN of Anthony Passemato Pres. 2. Principal Place of Business - No P.O. Box #				3. Mailing Address																									
Suite, Apt. #, etc.				Suite, Apt. #, etc.																									
City & State				City & State																									
Zip		Country		4. FEI Number 59-2445106																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent PASSEMATO, TONY 261 KELOU CT LEESBURG, FL 34788				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$61.25 Due by May 1, 2008		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																									
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12. I hereby 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

12 JUN 18 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2445106

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

400229149034
04/16/12--01002--002 **\$61.25

JUN 19 2012

T. SCOTT

Month of NOV-1- To April 30

352-343-1599