2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000679

FILED Mar 05, 2009 Secretary of State

Entity Name: HAWAIIAN ISLES HOMEOWNERS' ASSOC., INC.

Current Principal Place of Business: New Principal Place of Business: 4120 COCKROACH BAY RD., LOT 15 RUSKIN, FL 33570 **Current Mailing Address: New Mailing Address:** 4120 COCKROACH BAY RD., LOT 15 RUSKIN, FL 33570 FEI Number: 59-2661634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHESNEY, JOHN 4120 COCHROACH BAY RD **LOT 15** RUSKIN, FL 33570 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCKOWN, STEVE STOOKSBERRY, KEITH Name: Name: 4120 COCKROACH BAY RD LOT 174 A Address: 4120 COCKROACH BAY RD LOT 705 Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: **RUSKIN, FL 33570** Title: Title: () Delete () Change () Addition Name: CUMMINGS, PAT Name: Address: 4120 COCK ROACH BAY RD LOT 21 Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: () Delete Title: (X) Change () Addition FILDES, DUANE Name: SIMMONS, BOB Name: 4120 COCKROACH BAY RD, LOT #105 4120 COCKROACH BAY RD, LOT #106 Address: Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: RUSKIN, FL 33570 Title: () Delete Title: () Change () Addition Name: ROBBINS, DONNA Name: 4120 COCKROACH BAY RD., 143-B Address: Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: () Delete Title: () Change () Addition CHESNEY, JOHN Name: Name: 4120 COCKROACH BAY RD, LOT #15 Address: Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHESNEY, JOHN WOODS, HOWARD Name: Name: Address: 4120 COCK ROACH BAY RD LOT #15 Address: 4120 COCK ROACH BAY RD LOT #76

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

RUSKIN, FL 33570

SIGNATURE: DONNA ROBBINS T 03/05/2009

RUSKIN, FL 33570

City-St-Zip: