

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01889

FILED
Aug 24, 2006
Secretary of State

Entity Name: ALIKI GOLD COAST CONDOMINIUM NO. ONE MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1601 N CENTRAL AVE
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

1601 N CENTRAL AVE
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-2412822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAYER, DENNIS K
306 S OCEANSHORE BLVD
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MASON, HENRY M
Address: 9 WILLOW LK DR
City-St-Zip: WARNER ROBINS, GA 31093

Title: V () Delete
Name: CHAGNON, SALLY
Address: 1601 N CENTRAL AVE #501
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: ZIMLICH, PAT
Address: 1601 N CENTRAL AVE #102
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CHAGNON, SALLY
Address: 1601 N CENTRAL AVE #501
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: MERRILL, SUSAN
Address: 1601 N. CENTRAL AVE. #104
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Change (X) Addition
Name: WHITESIDE, DAVID
Address: 1601 N. CENTRAL AVE. #403
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Change (X) Addition
Name: LOUK, MARY
Address: 1601 N. CENTRAL AVE. #602
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PATRICIA A. ZIMLICH

T

08/24/2006

Electronic Signature of Signing Officer or Director

Date