

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N01889

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



Principal Place of Business
**1601 N CENTRAL AVE
FLAGLER BEACH, FL 32136 US**

Mailing Address
**1601 N CENTRAL AVE
FLAGLER BEACH, FL 32136 US**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2412822

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 *Patricia A. Zimlich* **PATRICIA A. ZIMLICH TREASURER 01-15-07**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MASON, HENRY M
9 WILLOW LK DR
WARNER ROBINS, GA 31093**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHAGNON, SALLY
1601 N CENTRAL AVE #501
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZIMLICH, PAT
1601 N CENTRAL AVE #102
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MERRILL, SUSAN
1601 N. CENTRAL AVE. #104
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITESIDE, DAVID
1601 N. CENTRAL AVE. #403
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOUK, MARY
1601 N. CENTRAL AVE. #602
FLAGLER BEACH, FL 32136**

U00000598715
01/24/07-80087-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Patricia A. Zimlich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(386)
439-5545**