

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 031 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAYER, DENNIS K 306 S OCEANSHORE BLVD FLAGLER BEACH, FL 32136				Name <u>BAYER, DENNIS K</u> Street Address (P.O. Box Number is Not Acceptable) <u>109 SOUTH 6TH STREET</u> City <u>FLAGLER BEACH</u> FL Zip Code <u>32136</u>	
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 <u>[Signature]</u> <u>07-24-08</u> DATE					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MASON, HENRY M 9 WILLOW LK DR WARNER ROBINS, GA 31093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, HENRY M 1601 N. CENTRAL AVE #801 FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAGNON, SALLY 1601 N CENTRAL AVE #501 FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y CHAGNON, SALLY 1601 N. CENTRAL AVE #501 FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIMLICH, PAT 1601 N CENTRAL AVE #102 FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRILL, SUSAN 1601 N. CENTRAL AVE. #104 FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANNA MARIE DAY 170 FOREST HALL PLACE FAYETTEVILLE, GA 30214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, DAVID 1601 N. CENTRAL AVE. #403 FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO BEZDEK 1601 N. CENTRAL AVE #503 FLAGLER BEACH, FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUK, MARY 1601 N. CENTRAL AVE. #602 FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUK, MARY 1601 N. CENTRAL AVE #602 FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sally Chagmon</u>			7-23-08 386-439-1285		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		