## 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.						07-29-	2008 90009	9 031 ***:	*61.25	
Principal Place of Business 1601 N CENTRAL AVE FLAGLER BEACH, FL 32136 US		Mailing Address 1601 N CENTRAL AVE FLAGLER BEACH, FL 321.	36 US			Balal XIII (1101-10)	18   8   8 8   8 8   8			
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07172008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-241			_ <del> </del>	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🗀	\$8.75 Add Fee Require		
• .	- 6. Name and Address of Current	Registered Agent	·		7. Name and	Address of No	w Registered	Agent		
BAYER, D	ENNIS K		Name	Baye	$oldsymbol{\mathcal{L}}$ , $oldsymbol{\mathcal{D}}oldsymbol{\mathcal{E}}$	NNIS 1	K			
306 S OCE	EANSHORE BLVD BEACH, FL 32136		Street Address							
			City	FLAG	LER BE	BACH	FL	Zip Cod	136	
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  SIGNATURE  (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registere dagent	and title if applicable. (NOTE: Re	egistered Agent signe	iture required			DATE			
	Signature, typed or printed name of registere agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Campa Trust Fund Con	aign Financing	iture required		Se .	<del></del>	k payable to		
	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE	9. Election Campa Trust Fund Con	aign Financing		when reinstating)	1	Make chec Florida Depa	rtment of St	tate	
- <b>D</b> រ 10. ពោធ	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE	9. Election Campa Trust Fund Con	nign Financing stribution.		\$5.00 May B Added to Fees	ANGES TO OFF	Make chec Florida Depa	rtment of St	tate	
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- <b>D</b> រ 10. ពោធ	Filing Fee is \$61.25 ue by September 12, 2008  OFFICERS AND DIF P MASON, HENRY M 9 WILLOW LK DR	9. Election Campa Trust Fund Con	nign Financing stribution.	P MA	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFF	Make chec Florida Depai FICERS AND DI	TIMENT OF SI	10	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 12, 2008  OFFICERS AND DIF P MASON, HENRY M 9 WILLOW LK DR WARNER ROBINS, GA 31093	9. Election Campa Trust Fund Con	aign Financing stribution.  11.  ITILE  NAME  STREET ADDRESS	P MA: 160 FU	\$5.00 May B Added to Fees ADDITIONS/CH SON, HE INCEN	ANGES TO OFF	Make chec Florida Depai FICERS AND DI VE # 80 FL 32	IRECTORS IN Change  Change  Change  Change	10	
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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.

	Sally Chagner	a 23 ~5c	20/ 425 1255
SIGNATURE: _	Lavey Charace	/-&3-0 <b>%</b>	386-439-1285
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #