

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27873** (1)
1. Corporation Name
HAWAIIAN ISLES ASSOCIATION OF COCKROACH BAY, INC



Principal Place of Business
C/O LU SMITH
4120 COCKROACH BAY RD. #33
RUSKIN FL 33570
US

Mailing Address
C/O LU SMITH
4120 COCKROACH BAY RD. #33
RUSKIN FL 33570
US

3. Date Incorporated or Qualified **08/12/1988** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business 21 4120 COCKROACH BAY RD Suite, Apt. #, etc. 22 LOT #18 City & State 23 RUSKIN FLORIDA Zip 24 33570	2a. Mailing Address 26 (SAME) Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.	4. FEI Number 59-2661634 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LUCRECIA
COCKROACH BAY RD
RUSKIN FL 33570

81 Name **MATTHEWS, JAMES M.**
82 Street Address (P.O. Box Number is Not Acceptable)
4120 COCKROACH BAY RD
83 **LOT #18**
84 City **RUSKIN FLORIDA** FL 85 Zip Code **33570**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **MATTHEWS, JAMES M.** **APRIL 5th 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDER, RICHARD K 4120 COCKROACH BAY RD. RUSKIN FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P MATTHEWS, JAMES M 4120 COCKROACH BAY RD RUSKIN FLORIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, BERT 4120 COCKROACH BAY RD RUSKIN FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP DRURY, DOROTHY 4120 COCKROACH BAY RD RUSKIN FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LUCRECIA 4120 COCKROACH BAY RD RUSKIN FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S MUTHIG, JESSICA 4120 COCKROACH BAY RD RUSKIN FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, DOROTHY 4120 COCKROACH BAY RD. RUSKIN FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T WALLBROWN, ALYCE 4120 COCKROACH BAY RD RUSKIN. FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, B. J 4120 COCKROACH BAY RD. RUSKIN FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D OLSON, ALICE 4120 COCKROACH BAY RD RUSKIN FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSKIRK, ALICE 4120 COCKROACH BAY RD RUSKIN FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LENT, MARVIN 4120 COCKROACH BAY RD RUSKIN FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5th 1996 (813) 645-3853
Date: Daytime Phone #

CR2E037 (12/95)