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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
4120 COCK ROACH BAY ROAD C/O LU SMITH
LOT #18 4120 COCKROACH BAY RD. #33
RUSKIN FL 33570 RUSKIN FL 33570-2613
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 08/12/1988 3a. Date of Last Report 04/09/1996
4. FEI Number 59-2661634 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MATTHEWS, JAMES M
4120 COCKROACH BAY ROAD
LOT #18
RUSKIN FL 33570

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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]* DATE MARCH 17, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME MATTHEWS, JAMES M
STREET ADDRESS 4120 COCKROACH BAY ROAD
CITY-ST-ZIP RUSKIN FL
TITLE VP ☐ DELETE
NAME DRURY, DOROTHY
STREET ADDRESS 4120 COCKROACH BAY RD
CITY-ST-ZIP RUSKIN FL
TITLE S ☐ DELETE
NAME MUTHIG, JESSICA
STREET ADDRESS 4120 COCKROACH BAY RD
CITY-ST-ZIP RUSKIN FL
TITLE T ☐ DELETE
NAME WALLBROWN, ALYCE
STREET ADDRESS 4120 COCKROACH BAY RD.
CITY-ST-ZIP RUSKIN FL
TITLE D ☐ DELETE
NAME OLSON, ALICE
STREET ADDRESS 4120 COCKROACH BAY RD.
CITY-ST-ZIP RUSKIN FL
TITLE D ☒ DELETE
NAME BUSKIRK, ALICE
STREET ADDRESS 4120 COCKROACH BAY RD
CITY-ST-ZIP RUSKIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D LYNCH, DONALD
1.3 STREET ADDRESS 4120 COCKROACH BAY RD.
1.4 CITY-ST-ZIP RUSKIN, FLA.
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* JAMES M MATTHEWS MAR 17/97 (813) 645-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046310

CR2E037 (9/96)