

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27873** (1)
 1. Corporation Name
HAWAIIAN ISLES ASSOCIATION OF COCKROACH BAY, INC



Principal Place of Business 4120 COCK ROACH BAY ROAD LOT #18 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	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2661634	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 FARR ROSCOE T.	
				82 Street Address (P.O. Box Number is Not Acceptable) 4120 COCKROACH BAY ROAD	
				83 LOT # 67	
				84 City RUSKIN	
				85 Zip Code FL 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]* **PRESIDENT** **APRIL 14 / 98**
 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	P	☒ DELETE		1.1 TITLE	P	☒ Change ☐ Addition	
NAME	MATTHEWS, JAMES M			1.2 NAME	FARR ROSCOE T.		
STREET ADDRESS	4120 COCKROACH BAY ROAD			1.3 STREET ADDRESS	4120 COCKROACH BAY ROAD		
CITY - ST - ZIP	RUSKIN FL			1.4 CITY - ST - ZIP	RUSKIN FL		
TITLE	VP	☒ DELETE		2.1 TITLE	VP	☒ Change ☐ Addition	
NAME	DRURY, DOROTHY			2.2 NAME	SMITH LUCRECIA		
STREET ADDRESS	4120 COCKROACH BAY RD			2.3 STREET ADDRESS	4120 COCKROACH BAY RD		
CITY - ST - ZIP	RUSKIN FL			2.4 CITY - ST - ZIP	RUSKIN FL		
TITLE	S	☒ DELETE		3.1 TITLE	S	☒ Change ☐ Addition	
NAME	MUTHIG, JESSICA			3.2 NAME	SCHUMACHER - GLENNA		
STREET ADDRESS	4120 COCKROACH BAY RD			3.3 STREET ADDRESS	4120 COCKROACH BAY RD		
CITY - ST - ZIP	RUSKIN FL			3.4 CITY - ST - ZIP	RUSKIN FL		
TITLE	T	☒ DELETE		4.1 TITLE	T	☒ Change ☐ Addition	
NAME	WALLBROWN, ALYCE			4.2 NAME	SINCLAIR - MAY		
STREET ADDRESS	4120 COCKROACH BAY RD.			4.3 STREET ADDRESS	4120 COCKROACH BAY RD		
CITY - ST - ZIP	RUSKIN FL			4.4 CITY - ST - ZIP	RUSKIN FL		
TITLE	D	☒ DELETE		5.1 TITLE	D - TRUSTEE	☒ Change ☐ Addition	
NAME	OLSON, ALICE			5.2 NAME	WADZINSKI - CLEMENS		
STREET ADDRESS	4120 COCKROACH BAY RD.			5.3 STREET ADDRESS	4120 COCKROACH BAY RD		
CITY - ST - ZIP	RUSKIN FL			5.4 CITY - ST - ZIP	RUSKIN - FL		
TITLE	D	☒ DELETE		6.1 TITLE	D - TRUSTEE	☒ Change ☐ Addition	
NAME	LYNCH, DONALD			6.2 NAME	BROWN - LOIS		
STREET ADDRESS	4120 COCKROACH BAY RD			6.3 STREET ADDRESS	4120 COCKROACH BAY RD		
CITY - ST - ZIP	RUSKIN FL			6.4 CITY - ST - ZIP	RUSKIN FL		

14. I 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]*

APRIL 14 / 98

CR2E037 (10/97)