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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N27873

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/12/1988

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

9. Name and Address of Current Registered Agent

FARR, ROSCOE T.
 4120 COCKROACH BAY RD
 LOT 67
 RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name **CurTis BRUCE**
 82 Street Address (P.O. Box Number is Not Acceptable)
4120 COCKROACH BAY Rd
 83 **#23**
 84 City **RUSKIN** 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 agent 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: **Lu Smith VP**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Lu Smith **4-20-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
 NAME **FARR, ROSCOE T.**
 STREET ADDRESS **4120 COCKROACH BAY ROAD**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **VP** ☐ DELETE
 NAME **SMITH, LUCRECIA**
 STREET ADDRESS **4120 COCKROACH BAY RD**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **S** ☐ DELETE
 NAME **SCHUMACHER, GLENNA**
 STREET ADDRESS **4120 COCKROACH BAY RD**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **T** ☐ DELETE
 NAME **SINCLAIR, MAY**
 STREET ADDRESS **4120 COCKROACH BAY RD.**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **DT** ☐ DELETE
 NAME **WADZINSKI, CLEMENS**
 STREET ADDRESS **4120 COCKROACH BAY RD.**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **DT** ☐ DELETE
 NAME **BROWN, LOIS**
 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 **CurTis BRUCE**
 1.3 STREET ADDRESS **4120 COCKROACH BAY Rd.**
 1.4 CITY-ST-ZIP **RUSKIN, FL**

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 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, with all other like empowered.

SIGNATURE:

Lu Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

645-9125

Daytime Phone #

CR2E037 (11/98)