2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/7

FILED
Jul 19, 2006 8:00 am
Secretary of State
07-07-2006 90003 043 ****61.25

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1. Entity Name
KONA KAI GARDEN TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
355 DRIFTWOOD RD #7 DESTIN, FL 32550	355 DRIFTWOOD RD #7 DESTIN, FL 32550

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07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2645041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, WILLIAM A
355 DRIFTWOOD RD #7
MIRAMAR BEACH, FL 32550

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HOPKINS, WILLIAM
STREET ADDRESS	354 DRIFTWOOD ROAD #7
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	D
NAME	BIRD, KRISTOPHER T
STREET ADDRESS	355 DRIFTWOOD RD #8
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	VD
NAME	MORGAN, DEBBIE
STREET ADDRESS	354 DRIFTWOOD ROAD #9
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	D
NAME	LOIS, DOUGLAS
STREET ADDRESS	151 CALHOUN AVENUE # 106
CITY-ST-ZIP	MIRAMAR BEACH, FL 32541
TITLE	D
NAME	WIXTED, ED
STREET ADDRESS	PO BOX 163
CITY-ST-ZIP	HANNAWA FALLS, NY 13647
TITLE	PD
NAME	DUREN, JAMES
STREET ADDRESS	354 DRIFTWOOD ROAD #12
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550

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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.

SIGNATURE: William A Hopkins Sec/Treas & Director 7/3/06 850 650-2800
SIGNATURE AND TYPED OR PRINTED NAME OF ☐ OFFICER OR ☐ DIRECTOR — Date — Daytime Phone #