
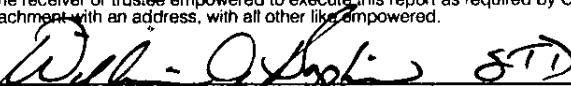


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006525		
1. Entity Name KONA KAI GARDEN TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 355 DRIFTWOOD RD #7 DESTIN, FL 32550	Mailing Address 355 DRIFTWOOD RD #7 DESTIN, FL 32550	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOPKINS, WILLIAM A 355 DRIFTWOOD RD #7 MIRAMAR BEACH, FL 32550		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOPKINS, WILLIAM 355 DRIFTWOOD ROAD #7 MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRD, KRISTOPHER T 355 DRIFTWOOD RD #8 DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORGAN, DEBBIE 355 DRIFTWOOD ROAD #9 MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBB, PAUL 206 FINLAND PL NEW ORLEANS, LA 70131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIXTED, ED PO BOX 163 HANNAWA FALLS, NY 13647	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUREN, JAMES 355 DRIFTWOOD ROAD #12 MIRAMAR BEACH, FL 32550	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/08 ESD-2800 <small>Date Daytime Phone #</small>