2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N98000006525

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

Current Principal Place of Business:

355 DRIFTWOOD RD
#7
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

355 DRIFTWOOD RD
#7
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-2645041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	HOPKINS, WILLIAM	
Address:	355 DRIFTWOOD ROAD #7	
City-St-Zip:	MIRAMAR BEACH, FL 32550	
Title:	D	( ) Delete
Name:	BIRD, KRISTOPHER T	
Address:	355 DRIFTWOOD RD #8	
City-St-Zip:	DESTIN, FL 32550	
Title:	VD	( ) Delete
Name:	MORGAN, DEBBIE	
Address:	355 DRIFTWOOD ROAD #9	
City-St-Zip:	MIRAMAR BEACH, FL 32550	
Title:	D	( ) Delete
Name:	WEBB, PAUL	
Address:	206 FINLAND PL	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	D	( ) Delete
Name:	WIXTED, ED	
Address:	PO BOX 163	
City-St-Zip:	HANNAWA FALLS, NY 13647	
Title:	PD	( ) Delete
Name:	DUREN, JAMES	
Address:	355 DRIFTWOOD ROAD #12	
City-St-Zip:	MIRAMAR BEACH, FL 32550	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HOPKINS STD 04/21/2009

Electronic Signature of Signing Officer or Director — Date