

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000557

FILED
Apr 08, 2008
Secretary of State

Entity Name: ALOHA TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19627 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2830219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, DEBRA
RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: DP () Delete
Name: NOTO, ALFRED
Address: 19627 GULF BLVD #401
City-St-Zip: INDIAN SHORES, FL 33785

Title: DS () Delete
Name: TRAPANI, BRUNO
Address: 19627 GULF BLVD #404
City-St-Zip: INDIAN SHORES, FL 33785

Title: DT () Delete
Name: LUGEN, THOMAS
Address: 19627 GULF BLVD., #103
City-St-Zip: INDIAN SHORES, FL 33785

Title: D () Delete
Name: HUNTER, RAND
Address: 19627 GULF BLVD #204
City-St-Zip: INDIAN SHORES, FL 33785

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:

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: ALFRED NOTO

DP

04/08/2008

Electronic Signature of Signing Officer or Director

Date