

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705626

Entity Name: ALOHA KAI ASSOCIATION, INC.

Current Principal Place of Business:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

FEI Number: 59-1035832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMPE, JULIE
2831 RINGLING BLVD, BLDG B
SUITE 203D
SARASOTA, FL 34237 US

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: JULIE TRIMPE

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DONNELLY, THOMAS
Address 2496 BANK STREET
 P.O. BOX 40010
City-State-Zip: OTTAWA ONTARIO KISOW 8

Title TREASURER, DIRECTOR
Name HONSBERGER, LYNN J.
Address 6020 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name PEDDICORD, ANGIE
Address 6020 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR, VP, SECRETARY
Name MUGLER, SHIRAR
Address 6020 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name FOLEY, KRIS
Address 6020 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242

I hereby 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 all other like empowered.

SIGNATURE: THOMAS DONNELLY

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date