

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003036

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC2157584749**

**Entity Name:** ALI'I NUI HOTEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1390 CELEBRATION BLVD.  
CELEBRATION, FL 34747

**Current Mailing Address:**

1390 CELEBRATION BLVD.  
CELEBRATION, FL 34747 US

**FEI Number:** 27-2221120

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, STE A  
TALLAHASSEE, FL 32301 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:** DELANIE CASE

03/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR/PRESIDENT  
Name POTROCK, KENNETH M  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name NIEMAN, LEIGH ANNE  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, VICE PRESIDENT & SECRETARY  
Name CHANG, YVONNE  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR & VICE PRESIDENT & ASSISTANT SECRETARY  
Name DHANANI, MAHMUD  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT & TREASURER  
Name SCHULTZ, TERRI A  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT & ASSISTANT TREASURER  
Name PAULSEN, BRIAN  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR & VICE PRESIDENT  
Name SAKASKE, SHANNON  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

*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:** YVONNE CHANG

**DIRECTOR**

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date