

**JULY 1, 2015 - JUNE 30, 2017  
 CONDOMINIUM ASSOCIATION BIENNIAL  
 REGISTRATION APPLICATION**

**FOR OFFICE USE ONLY**

**ALL INFORMATION PROVIDED  
 IS PUBLIC INFORMATION**

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 REAL ESTATE BRANCH  
 15 OCT 12 AM 56  
 DEPT OF COMMERCE  
 & CONSUMER AFFAIRS  
 STATE OF HAWAII

**BIENNIAL REGISTRATION DEADLINE: Monday, June 1, 2015  
 (Bond exemption reapplication deadline: Thursday, April 30, 2015)**

1. Project registration number: 1557

Name of condominium project: LAULE'A

Project street address (required): 980 S KIHEI RD KIHEI HI 96753

Total # units: 58 Expiration of bond on file with Commission: 12/31/9999

NOTE: If no information is printed in the "Expiration of bond on file with Commission" field, the AOOU has previously applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclusion of the biennial registration period). Question #5 of this application allows the AOOU to select a fidelity bond exemption.

2. a. List the names of the officers of the association (all information provided is public information)

President (required): TOM NEWMAN  
 Vice President (optional): GREG GFELER  
 Secretary (required): BRIAN BOWCOCK  
 Treasurer (required): TERESA KELLER

b. Designated officer (from section 2a) for direct contact (required):

Title: PRESIDENT Name: TOM NEWMAN  
 Mailing address (public): 4415 SOUTH MADEIRA ST  
 City: SPOKANE State: WA Zip: 99223 Day Phone: 509 448 8270  
 Public Email (optional): \_\_\_\_\_

NOTE: Contact name of individual, public phone number and public mailing address where a unit owner and the owner's authorized agents may be able to obtain the documents, records, and information required to be provided to a unit owner and the owner's authorized agents pursuant to HRS §§ 514B-152 -154.5.

3. a. Person to receive AOOU correspondence & calls from Commission (required):

This Individual will receive notices to update fidelity bond coverage, as well as correspondence from the Commission.  
 Title: DIRECTOR Name: JOANNE HALLERT  
 Mailing Address: TRADING PLACES, INTL 25510 COMMERCE CENTRE DR #100  
 City: LAKE FOREST State: CA Zip: 92630 Day Phone: 949 448 5150  
 Public Email (optional): joanne.haller@tradingplaces.com

Reg .....	593 .....	\$60	\$-60	\$110
CETF .....	906 .....	\$ 10 x58	\$590	\$638
Service Fee .....	BCF .....	\$25		
Bond Exemption ..	593 .....	\$50		
<b>TOTAL DUE</b>			<b>\$640</b>	<b>\$748</b>

b. Pursuant to HRS § 514B-106.5, please identify the individual designated to provide reasonable access to persons authorized to serve civil process, in compliance with Hawaii Revised Statutes Chapter 634.

Name Primary: JOANNE HALLETT Title DIRECTOR Telephone: 949 448 5150  
Name Alternate: TOM O'BRIEN Title SUP Telephone: 949 448 5150

4. Management status (required): (check ONE only and fill in corresponding info)

Self-managed by Association of Unit Owners (see Instructions) Public Email: \_\_\_\_\_ (Optional)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Managed by Condominium Managing Agent (see Instructions) Public Email: \_\_\_\_\_ (Optional)

Management Company: TRADING PLACES INT'L

Mailing Address: 25510 COMMERCIAL CENTRE DRIVE SUITE 100

City: LAKE FOREST State: CA Zip: 92630 Day Phone: 949 448 5150

5. a. Evidence of Fidelity Bond (required) (Between sections 5a and 5b CHECK ONE ONLY; see Question #1 for preprinted expiration date of bond on file with the Commission)

No evidence of fidelity bond is attached because bond on file in Question #1 expires AFTER June 30, 2015.

Completed CSI form or certificate of insurance form is attached because bond on file in Question #1 expires ON OR BEFORE June 30, 2015, or evidence of current fidelity bonding is NOT on file with the Commission.

b. Bond Exemption (If applying for a bond exemption, select ONE of the following exemptions. A corresponding bond exemption form on page B-2, B-3, or B-4 must be completed as part of the application process). An additional \$50 bond exemption application fee must be added to the preprinted total due on page A-1.

Sole Owner: Where all condominium units are owned by a sole individual, sole corporation, sole partnership, sole Limited Liability Corporation ("LLC"), or sole Limited Liability Partnership ("LLP").

20 or Fewer Units: Where the condominium project contains 20 or fewer units.

100% Commercial Use: Where all condominium units are 100% commercial use.

6. Owner occupancy: Percentage of residential use units in the project which are owner-occupied: 0%

7. Annual operating budget: Did the AOUC board of directors adopt an annual operating budget?  Yes  No

Pursuant to HRS § 514B-106 (c), within 30 days after adoption of any proposed budget for the association, the board shall make available a copy of the budget to all unit owners and shall notify each unit owner that the owner may request a copy of the budget and to whom that request shall be made.

8. Reserve studies and replacement reserves: (see Instructions)

For the current fiscal year, is the AOUC collecting a minimum of fifty percent of the estimated replacement reserves OR funding one hundred percent of the estimated replacement reserves when using a cash flow plan?  Yes  No

If yes, what is the percent funded? 100%

9. Does your AOUC maintain and make available for owner-review during reasonable hours a reference binder containing the Board of Directors Guides, Real Estate Commission brochures, HRS Chapters 514A and 514B, HAR Chapter 107, copies of the declaration, bylaws, house rules and any amendments?  Yes  No

If yes, where are the materials kept?: TRADING PLACES INT'L

10. Has the AOUC amended the declaration, bylaws, condominium map or other constituent documents to adopt the provisions of HRS Chapter 514B?  Yes  No

11. Has the AOUC utilized mediation or arbitration to resolve condominium disputes within the last two years?  Yes  No

If yes, how many times?      Mediation: \_\_\_\_\_ Arbitration: \_\_\_\_\_

12. a. Does the AOUC have a separate email account?  Yes  No

What is the association's public email address? (optional) \_\_\_\_\_

b. Does the AOUC maintain an internet website?  Yes  No

What is the public website address? (optional) \_\_\_\_\_

DEPT OF COMMERCE  
& CONSUMER AFFAIRS  
STATE OF HAWAII

15 SEP -4 PM 2:43

RECEIVED  
PVL  
REAL ESTATE BRANCH

**CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR  
MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER**  
**For the period July 1, 2015 – June 30, 2017**

1. I have read and understand the Instructions.
2. I certify that this application is complete as required, and is accompanied by the required documents and fees.
3. I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOOU, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
5. I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.
6. This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).

  
 \_\_\_\_\_  
 Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent  
 (Original signature or stamp preferred, however facsimile or photocopied signatures  
 are accepted)

JO ANNE HALLERT

Print Name

\_\_\_\_\_

Date

8/20/15 LAULE'A

Print Name of Condominium Association (Managing Agent include CMA Name)

**CHECK ONE ONLY:**  President  Vice-President  Secretary  Treasurer  
 Developer or Developer's Agent registering for unorganized association  
 100% Sole Owner of Condominium Project  
 Managing Agent with Delegation of Duty to Register

Mail or deliver all fees & documents to: Real Estate Branch, AOOU Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.