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

ALL INFORMATION PROVIDED IS PUBLIC INFORMATION

FOR OFFICE USE ONLY

593 01648172 13- 6/05/15 60.00
906 01648173 13- 6/05/15 1180.00

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

1. Project registration number: **4009**

   Name of condominium project: **WAILEA FAIRWAY VILLAS**

   Project street address *(required)*: **3950 KALAI WAA ST KIHEI HI 96753**

   Total # units: **118** Expiration of bond on file with Commission: **4/28/2014**

   NOTE: If no information is printed in the "Expiration of bond on file with Commission" field, the AOUO 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 AOUO 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): Judy Beneventi
   Vice President (optional): Mike Luckado
   Secretary (required): Edy Salenger
   Treasurer (required): William O'Connell

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

   Title: President Name: Judy Beneventi
   Mailing address (public): 3950 Kalai Waa Street #F-103
   City: Kihei State: HI Zip: 96753 Day Phone: 808-281-4583
   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 AOUO correspondence & calls from Commission *(required)*:
   This Individual will receive notices to update fidelity bond coverage, as well as correspondence from the Commission.

   Title: Acct Exec Name: Alexander Gat
   Mailing Address: 250 Imi Kala Street, Suite 104
   City: Wailuku State: HI Zip: 96793 Day Phone: 808-244-9021
   Public Email (optional):

Reg	593	$60	$ 60
CETF	906	$ 10 x118	$1180
Service Fee	BCF	$25	
Bond Exemption	593	$50	
		TOTAL DUE	$1240

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: Alexander Gat Title Acct Exec Telephone: 808-244-9021

Name Alternate: Sam Schreiner Title Site Manager Telephone: 808-875-8895

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: Destination Maui, Inc.

Mailing Address: 220 Imi Kala Street, Suite 104

City: Wailuku State: HI Zip: 96793 Day Phone: 808-244-9021

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: 81 %

7. Annual operating budget: Did the AOUO 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 AOUO 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?: 70.92 %

9. Does your AOUO 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?: Destination Maui, Inc

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

11. Has the AOUO 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 AOUO have a separate email account? ☐ Yes ☒ No

    What is the association's **public** email address? (optional) _____

    b. Does the AOUO maintain an internet website? ☒ Yes ☐ No

    What is the **public** website address? (optional) _____

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STATE OF HAWAII

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 AOUO, 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)).

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

Alexander Gat
Print Name

5-21-2015
Date

Wailea Fairway Villas
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, AOUO 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.