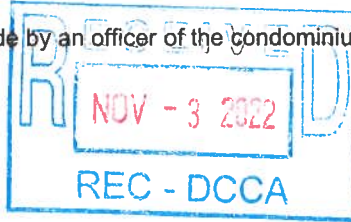


CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.



Submit completed form to: DCCA - P&VLD
Real Estate Commission
335 Merchant Street, Room 333
Honolulu, HI 96813

Name of Condominium Association: Makaha Beach Cabanas Registration #: 51

The information provided on this form is current as of _____ and replaces the information previously provided to the Real Estate Commission ("Commission").

Please indicate the change being reported:

Names and positions of the officers of the association (President, Secretary and Treasurer required):

President: Cardyn Smith, Vice-President: Ryan Winlow, Secretary: Brent Smith
Treasurer: Cynthia Zelinsky, Director: Flo Pell, Director: Paul Kepka, Director:
Therese Moore, Director: Jeffrey Plooki, Director: Daniel Abrams

Designated officer of the association who can be contacted directly:

Name: Cardyn Smith Title: President

Officers Public Address: 84-965 Farrington Hwy #A100, Waianae, HI, 96192

Email Address: cardyn-d-smith@hotmail.com Telephone Number: (800) 425-6201

Management status: (Check ONE only and fill in corresponding information)

Self-managed by the Association of Unit Owners (AOUO)

Name of Manager: _____ Title: _____

Address: _____

Email Address: _____ Telephone Number: _____

Managed by Condominium Managing Agent

Name: Hawaiian Properties, Ltd RB License Number: _____

Contact Person: Lori Jeeoce Title: Administrative Manager

Address: PO BOX 38078, Honolulu, HI 96837-1078

Email Address: lorija@hawaiianprop.com Telephone Number: (800) 539-9117

Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission:

Name of Manager: Lori Jeeoce Title: Administrative Manager

Address: PO BOX 38078, Honolulu, HI 96837-1078

Email Address: lorija@hawaiianprop.com Telephone Number: (800) 539-9117

Individual responsible for policy to provide reasonable access to persons authorized to serve civil process:

Name: Jon Ferriman Telephone No.: (800) 616-2166

Title: Resident Manager

Alternate Name: Susan DeConte Telephone No.: (800) 559-9730

Title: Senior Property Manager

I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct.

CSmith

Signature of association officer, developer or 100% sole owner of condominium project

Carolyn Smith
Print Name

11/01/22
Date

Check one only:

- President
- Vice - President
- Secretary
- Treasurer
- Developer or Developer's Agent registering for unorganized association
- 100% Sole Owner of Condominium Project

