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: WAIKIKI SKYLI	NER	Registration #: 97
The information provided on this form is current as of ${f FEBI}$ previously provided to the Real Estate Commission ("Commi	RUARY 27,2024 ssion").	and replaces the information
Please indicate the change being reported:		
Names and positions of the officers of the association (President JAKE HERMAN - PRESIDENT	lent, Secretary and Treasu	rer required):
KELLY RICE - VICE PRESIDENT		- Laboratoria
JANET MINDORO - SECRETARY		145065
MIKE ROSENMAN - TREASURER		
Designated officer of the association who can be contacted d Name:	Title:	ECEIVED MAR 0 1 2024
Officers Public Address:		
Email Address:	Telephone Number:	REC - DCCA
Management status: (Check ONE only and fill in correspondi	ing information)	
Self-managed by the Association of Unit Owners (AOUO	•	DECEIVED MAR 1 1 2024
Address:		
Email Address:	Telephone Number:	REC - DCCA
▼ Managed by Condominium Managing Agent		
Name: Associa Hawaii	RB License Number:	<u> </u>
Contact Person: Charles Ioane		y Association
Address: 737 Bishop St Ste 3100	, Honolulu, HI	96813
Email Address: INFO@ASSOCIAHAWAII.CO	M Telephone Number:	(808) 836-0911
Contact designation (individual) to receive all AOUO correspondence Commission:		and telephone calls from the y Association
Name of Manager: Charles Ioane	Title: Manager	
Address: Associa Hawaii, 737 Bisho	op St Ste 3100,	Honolulu, HI 96813
Email Address: INFO@ASSOCIAHAWAII.COM	Telephone Number:	(808) 836-0911

X Individual responsible for policy to provide reasonable access to persons authorized to serve civil process.				
Name:	Dolores Cook	Telephone No.:	808-722-2147	
Title:	Resident Manager			
Alterna	te Name: CHARLES TOANE	Telephone No.:	808-836-0911	
Title: Conjunity Association 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.				
Signature of association officer, developer or 100% sole owner of condominium project				
. 5	cob Herman	2	2/27/24	
Check one only:	Print Name		Date	
President [Developer or	Vice - President Secretary Treasur Developer's Agent registering for unorganized as Owner of Condominium Project	er sociation		

