

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: Academy Tower Registration #: 156

The information provided on this form is current as of 4/16/24 and replaces the information previously provided to the Real Estate Commission ("Commission").

Please indicate the change being reported:

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

President: Paul Fox Director: Georgette Icala
Vice President: Stacy Roberts Director: Yukio Oiver
Secretary: Thomas A. Osborne Director: Joseph Phillipson
Treasurer: Wayne Teegarden

[] Designated officer of the association who can be contacted directly:

Name: Title:

Officers Public Address:

Email Address: Telephone Number:

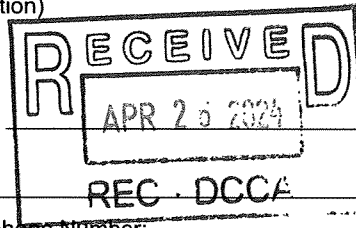
[X] Management status: (Check ONE only and fill in corresponding information)

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

Name of Manager: Title:

Address:

Email Address: Telephone Number:



[X] Managed by Condominium Managing Agent

Name: Associa Hawaii RB License Number:

Contact Person: Yvette Soares Title: Director of Administrative & Client Services

Address: 737 Bishop St Ste 3100, Honolulu, HI 96813

Email Address: INFO@ASSOCIAHAWAII.COM Telephone Number: (808) 836-0911

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

Name of Manager: Yvette Soares Title: Director of Administrative & Client Services

Address: Associa Hawaii, 737 Bishop St Ste 3100, Honolulu, HI 96813

Email Address: INFO@ASSOCIAHAWAII.COM Telephone Number: (808) 836-0911

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

Name: _____ Telephone No.: _____

Title: _____

Alternate Name: _____ Telephone No.: _____

Title: _____

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.

Paul M. Fox

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

Paul M. Fox

Print Name

4/19/24

Date

Check one only:

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

