COND. MINIUM ASSOCIATION INFORMATION UPLATE 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.

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| Submit completed form to: | DCCA – P&VLD Real Estate Commission 335 Merchant Street, Room 333 Honolulu, HI 96813 | h. 644 | | | | |
|---|---|-----------------------------|---------------------------|----------|-----------|------------|
| Name of Condominium A | ssociation: AOAO 1010 Wilder | * 317 | | | | |
| The information provided previously provided to th | on this form is current as of e Real Estate Commission ("Corr | August 07, 20 mission"). | and rep | laces th | ie inform | nation |
| Please indicate the chang | e being reported: | * | | | | |
| Names and positions o | f the officers of the association (Pre | esident, Secretary and | d Treasurer requir | ed): | | |
| | | | | | | |
| | | | | | 20 | |
| | | | ംറ് | <u> </u> | 2 | |
| Designated officer of th | e association who can be contacte | d directly: | | 65 | ; (): | ~) |
| Name: | | Title: | | 24 | | |
| Officer's Public Ac | ldress: | | | | 2 | ; |
| X Management status: (| Check ONE only and fill in correspo | nding information) | | 13 05 | | |
| Self-managed | by the Association of Unit Owners | (AOUO) | | | | |
| Name of | manager: Bruce A. Campbel | 1 | | | | |
| Title: Res | sident Manager | Telephone No.: | (808) 524-19 | 61 | | |
| ☐ Managed by 0 | Condominium Managing Agent | | | | | |
| Name: | | | RB Lic. No.: | | | |
| | | | Title: | | | |
| Address: | | | Telephone No. | : | | |
| Contact designation (in Commission: (if differe | dividual) to receive all AOUO corre | spondence (except b | ulletins) and telep | hone cal | ls from t | he |
| Name Bruce A. Campbell | | | Title:Resident Manager | | | |
| Mailing Address: 1010 Wilder Ave. Office | | | Telephone No.: | (808) | 524-1 | 961 |
| Individual responsible f | or policy to provide reasonable acc | ess to persons autho | - rized to serve civil | process | | |
| Name: | | · | • | | | |
| | ed to sign this form on behalf of | this condominium a | – essociation, and t | that the | informa | tion |
| provided in true and corre | | / | | | | |
| Jaller | 11000 | 100% | 6 | | | |
| Signatur | e of association officer, developer o | or 100% sole owner o | | ojeci | | |
| Kichard | - Kennech | 8/ | 18/15 | | | |
| Check one only: | t Name | | Date | | | |
| President Vice - F Developer or Develope 100% Sole Owner of C | r's Agent registering for unorganize | | • | | | |