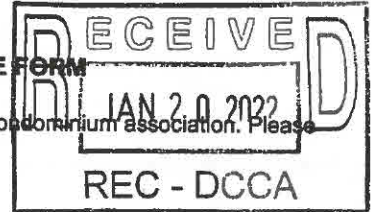


CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM



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

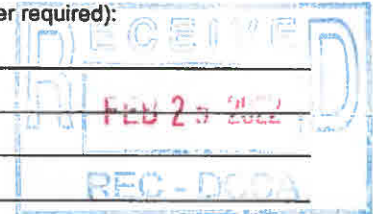
Name of Condominium Association: Poipu Makai Registration #: 815

The information provided on this form is current as of January 1, 2022 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: Douglas Kleven
Vice President: Michael Martirano
Treasurer: Steve Kovacs, Secretary: Ted Worster
Director: Lindy Burton



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

Name: Douglas Kleven Title: President

Officers Public Address: PO BOX 563 Anahola, HI 96703

Email Address: douglasrk@verizon.net Telephone Number: 808-635-9157

[] 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 Community & Client Svcs

Address: 737 Bishop Street Suite #3100

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: Kendra Vega Title: Community Association Manager

Address: 4-1579 Kuhio Hwy, Suite #102 Kapaa, HI 96746

Email Address: Kvega@associahawaii.com Telephone Number: 808-629-7166

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.



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

Douglas K. Kever _____ *1/13/22* _____
Print Name Date

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