

# 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

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Name of Condominium Association: Pu'u Po'a #1093 16 APR -8 2:25

The information provided on this form is current as of MARCH 30, 2016 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):

ANN ROSS - PRESIDENT  
RONALD BURKE - VICE PRESIDENT  
BARBARA KARSHMER - SECRETARY  
JEFF FRANK - TREASURER

☐ Designated officer of the association who can be contacted directly:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officers Public Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

☒ 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: Hawaiiana Management Company RB License Number: K949

Contact Person: BOB WILSON Title: MANAGEMENT EXECUTIVE

Address: 4370 KUKUI GROVE ST STE 110 LITTLE, HI 96766

Email Address: ROBERTW@HMANAGT.COM Telephone Number: 808-593-1032

☐ Contact designation (individual) to receive all AOOU correspondence (except bulletins) and telephone calls from the Commission: (if different from above)

Name of Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name:

QUINCHINE HATTO

Telephone No.:

808-792-0515

Alternate Name:

BOB WILSON

Telephone No.:

808-593-0372

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.

*Jeffrey M. Frank*

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

Jeffrey M Frank

Print Name

4-4-16

Date

Check one only:

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