

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: KALANEO PALI KAI Registration #: 1139

The information provided on this form is current as of JANUARY 1st, 2018 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 LTD RB License Number: \_\_\_\_\_  
Contact Person: LUCY TAYLOR Title: MANAGEMENT EXECUTIVE  
Address: 4370 KUKUI GROVE # 208 LITTLE HUE HI 96766  
Email Address: LUCYT@HMLMGT.COM Telephone Number: 808 240 3218

Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission: (if different from above)  
Name of Manager: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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DEPT OF COMMERCE  
& CONSUMER AFFAIRS  
STATE OF HAWAII

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.

*Michael D. Hughes - PRESIDENT*

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

MICHAEL D. HUGHES

Print Name

7/11/18

Date

Check one only:

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