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: KUOLA TOWNHOMES/RAINBOW SERIES	
The information provided on this form is current as of $\frac{10/23/2014}{10/23/2014}$ previously provided to the Real Estate Commission ("Commission").	4 Nand replaces the information
Please indicate the change being reported:	DECT OF COMMERC
Names and positions of the officers of the association (President, Secreta	ary and Treasurer required):
·	The or americal
	
Designated officer of the association who can be contacted directly: Name: SHERI SAKAMOTO-HORN Title: SECRETARY Officer's Public Address: 94-1056 PAHA PLACE, #M3, WAIPAHU, HI 96797	
☐ Management status: (Check ONE only and fill in corresponding information) ☐ Self-managed by the Association of Unit Owners (AOUO)	
Name of manager:	•
Title: Telephone	No ·
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Managed by Condominium Managing Agent	DR / to Mai
Name:	
Contact Person:	
Address: Telephone No.: Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the	
Commission: (if different from above)	
Name:	Title:
Mailing Address:	Telephone No.:
Individual responsible for policy to provide reasonable access to persons	authorized to serve civil process:
Name:	·
I certify that I am authorized to sign this form on behalf of this condomin provided is true and correct. May Multiple United Signature of association officer, developer or 100% sole ow	·
Signature of association united, developer or 100% sole ow	nier of cortaoritiniam project .
Sheri Sakamoto-Horn	11-5-14
Check one only:	Date
☐ President ☐ Vice - President ☒ Secretary ☐ Treasurer☐ Developer or Developer's Agent registering for unorganized association☐ 100% Sole Owner of Condominium Project	