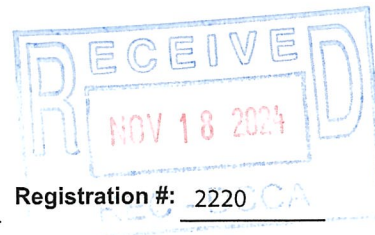


## CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

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: Makakiko Cliffs

Registration #: 2220

The information provided on this form is current as of 7/15/2024 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):

P/D Paula Bailey 92-1150 Hame Place, #08-201 Kapolei, HI 96707

VP/D Sheldon Pacheco 92-1007 Ala`a Street, #15-104 Kapolei, Hawaii 96707

Designated officer of the association who can be contacted directly:

Name: Paula Bailey Title: President

Officers Public Address: 92-1150 Hame Place, #08-201 Kapolei, HI 96707

Email Address: 92-1150 Hame Place, #08-201 Kapolei, Telephone Number: 808-222-3066

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: \_\_\_\_\_ RB License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission:

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: Brandon Madix Telephone No.: 808 672-6295

Title: Site Manager

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.

*Paula Bailey*

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

Paula Bailey

Print Name

10/29/24

Date

Check one only:

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

