

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: Seaside Suites AOA

2969

16 JUN 20 09:58

The information provided on this form is current as of April 13, 2016 and replaces the information previously provided to the Real Estate Commission ("Commission").

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

Please indicate the change being reported:

Names and positions of the officers of the association (President, Secretary and Treasurer required):

President - William Kuencer

Vice President/Treasurer - Greg Byrne

Secretary - Hans Allgeier

Director - Michael Banus Director - George Marr

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: _____ 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: (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: _____

Telephone No.: _____

Alternate Name: _____

Telephone No.: _____

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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.

W.K. _____

DEPT. OF COMM. & CONSUMER AFFS.
STATE OF TEXAS

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

William Kuencer

Print Name

JUNE 8, 2016

Date

Check one only:

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