JULY 1, 2017 - JUNE 30, 2019 CONDOMINIUM ASSOCIATION BIENNIAL REGISTRATION APPLICATION

ALL INFORMATION PROVIDED IS PUBLIC INFORMATION

FOR OFFICE USE ONLY

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BIENNIAL REGISTRATION DEADLINE: Wednesday, May 31, 2017 (Bond exemption reapplication deadline: Monday, May 1, 2017)

Pro	oject registration number:	169		760	\overline{z}	
Na	me of condominium project	t: HALE KAI O'KIHEI		DEPT CON: STA:	EAL	
Pro	oject street address (require	∍d): 1310 ULUNIU	RD KIHEI HI 96753	SUM SUM FE. O	SE ES	20
Tot	tal # units: 59	Expiration of bo	ond on file with Commission:	亚堡堡	22 ATE	ਸ =
apr	nlied for a fidelity bond exer	mption (all fidelity bond ex	cemptions expire at the conclu	nziotroffue pie	naiai registratio	ily i
a.	List the names of the offic	cers of the association (al	l information provided is pu	ublicinformați	on) M	•
	President (required):	ED Anda	ews =	12 - 7	्र स्था	
	Vice President (optional):	Art Car	robell 5		S III	·
	Secretary (required):	Nadine	Bollard 3		7/N	
	Treasurer (required):	Lowell	Schmid	4		
b.	Designated officer (from s	section 2a) for direct conta	act (required):	====== 6	Š	
	Title: Presiden	#Name: F_D	Andrews			
	Mailing address (public): _	P.O. BOX	(190			
			Zip: 89446 Day	y Phone: <u> </u>	0-961-	· <i>5</i> හි8)
	•					
a	uthorized agents may be al	ble to obtain the documer	nts, records, and information i	ss where a unit required to be p	owner and the rovided to a un	owner's it owner
a.	Person to receive AOUO and This Individual will receive	correspondence from Cor notices to update fidelity	mmission <i>(required)</i> : bond coverage, as well as c	orrespondence	from the Comm	nission.
	Title: ACCT. EXEC	Name: Jan	Beenes		,	
	· · · · · · · · · · · · · · · · · · ·	Imi Kal	a St. Sur	te 104	 	
	- \	· · · · · · · · · · · · · · · · · · ·	zip: <u>96793</u>	•		
	Public Email (optional):	Jan@de	stinationm	avi. n	et	
	¥ .					
			Reg	3)\$64 \$7x59		
				\$3 x59 3\$100 /	\$50 (100)	
	·.				\$754	
	Na Pro To NC apper a. b.	Project street address (required Total # units: 59 NOTE: If no information is pri applied for a fidelity bond exerperiod). Question #5 of this at a. List the names of the office President (required): Vice President (optional): Secretary (required): Treasurer (required): Treasurer (required): Mailing address (public): City: WINNEMU Public Email (optional): NOTE: Contact name of ind authorized agents may be all and the owner's authorized a contact in the contact	Name of condominium project: HALE KAI O'KIHEI Project street address (required): 1310 ULUNIU Total # units: 59 Expiration of be	Name of condominium project: HALE KAI O'KIHEI Project street address (required): 1310 ULUNIU RD KIHEI HI 96753 Total # units: 59 Expiration of bond on file with Commission: NOTE: If no information is printed in the "Expiration of bond on file with Commission applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclepency). Question #5 of this application allows the AOU to select a fidelity bond exemptions (all information provided is president (required): President (required): Vice President (optional): Secretary (required): Designated officer (from section 2a) for direct contact (required): Title: President (public): Po Box 190 City: WINNEMUCCA State: NV Zip: 29446 Date authorized agents may be able to obtain the documents, records, and information and the owner's authorized agents pursuant to HRS §§ 514B-152-154-153. Person to receive AOUO correspondence from Commission (required): Title: ACA: Ext C Name: Mailing Address: 220 Imm Kala State: Title: ACA: Ext C Name: Mailing Address: 220 Imm Kala State: Title: ACA: Ext C Name: Mailing Address: 220 Imm Kala State: Title: ACA: Ext C Name: Mailing Address: 220 Imm Kala State: Title: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Title: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Mailing Address: 220 Imm Kala State: Aca: Ext C Name: Ma	Name of condominium project: HALE KAI O'KIHEI Project street address (required): 1310 ULUNIU RD KIHEI HI 96753 Total # units: 59 Expiration of bond on file with Commission: 17100000000000000000000000000000000000	Name of condominium project: HALE KAI O'KIHEI Project street address (required): 1310 ULUNIU RD KIHEI HI 96753 Total # units: 59 Expiration of bond on file with Commission: The Commission applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclusion of the bienhalal registration period). Question #5 of this application allows the AOUO to select a fidelity bond exemption. A AUGH has provided applied for a fidelity bond exemption (all fidelity bond exemptions). A Commission: The commission: The commission applied for a fidelity bond exemption (all fidelity bond exemptions). A List the names of the officers of the association (all information provided is publication allows the AOUO to select a fidelity bond exemption. President (required): DALL SCHOLL SCH

	b.	Pursuant to HRS § 514B-106.5, please identify the individual designated to provide reasonable access to persons authorized to serve civil process, in compliance with Hawaii Revised Statutes Chapter 634.					
		Name Primary: Jan Beener Title: Acct Exec. Telephone 808 244 900					
		Name Alternate: ED Andrws Title: President Telephone: 360-961-					
4.	Mar	nagement status (required): (check ONE only and fill in corresponding info)					
	П	Self-managed by Association of Unit Owners (see Instructions) Public Email:					
		Title: Name:					
	٠	Mailing Address:					
		City: FISCAL ONLY State: Zip: Day Phone:					
	M	Managed by Condominium Managing Agent (see Instructions) Public Email:(Optional)					
•	/	Management Company: Destination Mavi, Inc (Optional)					
	•	Mailing Address: 220 IM1 Kala St. Svite 104					
		City: Wai VKV State: #1 Zip: 96793 Day Phone: 808 244 900					
5.	a.	Evidence of Fidelity-Bond (required) (Between sections 5a and 5b CHECK ONE ONLY; see Question #1 for preprinted expiration date of bond on file with the Commission)					
		No evidence of fidelity bond is attached because bond on file in Question #1 expires AFTER June 30, 2017. Completed CSI form or certificate of insurance form is attached because bond on file in Question #1 expires ON OR BEFORE June 30, 2017, or evidence of current fidelity bonding is NOT on file with the Commission.					
	b.	Bond Exemption (If applying for a bond exemption, select ONE of the following exemptions. A corresponding bond exemption form on page B-2, B-3, or B-4 must be completed as part of the application process). An additional \$50 bond exemption application fee must be added to the preprinted total due on page A-1.					
		 Sole Owner: Where all condominium units are owned by a sole individual, sole corporation, sole partnership, sole Limited Liability Corporation ("LLC"), or sole Limited Liability Partnership ("LLP"). 20 or Fewer Units: Where the condominium project contains 20 or fewer units. 100% Commercial Use: Where all condominium units are 100% commercial use. 					
6.	Ow	ner occupancy: Percentage of residential use units in the project which are owner-occupied: 5 %					
7.		nual operating budget: Did the AOUO board of directors adopt an annual operating budget?					
	ma	suant to HRS § 514B-106 (c), within 30 days after adoption of any proposed budget for the association, the board shall ke available a copy of the budget to all unit owners and shall notify each unit owner that the owner may request a copy he budget and to whom that request shall be made.					
8.	serve studies and replacement reserves: (see Instructions)						
	For fun	the current fiscal year, is the AOUO collecting a minimum of fifty percent of the estimated replacement reserves OR ding one hundred percent of the estimated replacement reserves when using a cash flow plan? 🗌 Yes 💆 No					
	If y	es, what is the percent funded?:%					
9.	Boa of t	Does your AOUO maintain and make available for owner-review during reasonable hours a reference binder containing the Board of Directors Guides, Real Estate Commission brochures, HRS Chapters 514A and 514B, HAR Chapter 107, copies of the declaration, bylaws, house rules and any amendments?					
	lf y	es, where are the materials kept?: Destnation Mavi, Inc					
10.	. Ha:	las the AOUO amended the declaration, bylaws, condominium map or other constituent documents to adopt the rovisions of HRS Chapter 514B?					
11.	. Ha	s the AOUO utilized mediation or arbitration to resolve condominium disputes within the last two years? Yes No					
		es, how many times? Mediation: Arbitration:					

CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER For the period July 1, 2017 – June 30, 2019

- 1. I have read and understand the Instructions.
- 2. I certify that this application is complete as required, and is accompanied by the required documents and fees.
- 3. I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOUO, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
- 4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
- 5. I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2019.
- 6. This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).

Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent (Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)

| Developer of Condominium Association (Managing Agent include CMA Name)

| CHECK ONE ONLY: [] President [] Vice-President [] Secretary [] Treasurer [] Developer or Developer's Agent registering for unorganized association [] 100% Sole Owner of Condominium Project [] Managing Agent with Delegation of Duty to Register

Mail or deliver all fees & documents: Real Estate Branch, AOUO Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.