


DATE <u>10/3/16</u>		NO. <u>0753</u>
RECEIVED OF <u>TORKILSON, KATZ, MOORE, HETHERINGTON, &amp; HARRIS</u>		
ADDRESS <u>700 BISHOP STREET, 15TH FLOOR</u>		
<u>HONOLULU, HAWAII 96813</u>		<u>\$19.75</u>
FOR <u>REQUEST FOR CASE FILES DISCLOSURE</u>		
HOW PAID <u>CASH</u>	BALANCE DUE <u>2</u>	<b>SECURITIES ENFORCEMENT UNIT</b>
 <b>Tops</b> FORM 46820 ©		BY _____

79 pages

**RECEIVED**  
 OCT 03 2016  
 Torkilson, Katz, Moore  
 Hetherington & Harris



DAVID Y. IGE  
GOVERNOR  
SHAN S. TSUTSUI  
LT. GOVERNOR

STATE OF HAWAII  
BUSINESS REGISTRATION DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
335 MERCHANT STREET, ROOM 201, HONOLULU, HAWAII 96813  
P.O. Box 40 HONOLULU, HAWAII 96810  
Phone Number: 588-2744  
Fax Number: 588-2733  
www.BusinessRegistrations.com

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR  
JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR  
TY Y. NOHARA  
COMMISSIONER OF SECURITIES

March 30, 2016

VIA CERTIFIED MAIL

Ms. Barbara Arthurs  
Orchidland Community Association, Inc.  
P.O. Box 409  
Kurtistown, Hawaii 96760

Dear Ms. Arthurs:

Re: Your March 21, 2016 Fax and Request to Freeze DCCA Records for Orchidland Community Association, Inc. Names of OLCA Officers and Directors

This is in response to your letter received via fax on March 21, 2016 and request to freeze the names of certain officers and directors of Orchidland Community Association, Inc. ("OCAI") on file with the Business Registration Division ("BREG").

For your information, BREG does not "freeze" just the names of officers and directors. Normally, all of the records of an entity on file with BREG are "frozen" when there is a dispute among various individuals or groups of individuals involving the proper officers and directors of the entity or the authority to file documents on behalf of the entity.

After reviewing the various filings for OCAI between October 2014 to the present, it is apparent that there is a dispute between various groups of individuals regarding the proper officers and directors of OCAI and the authority to file documents with BREG on behalf of OCAI. Our records indicate that these groups of individuals have consistently filed documents to change the other groups' filings with BREG.

Because there appears to be a dispute between these groups of individuals, BREG will consider your request as a request to "freeze" all of the records of OCAI at BREG. Accordingly, as of March 21, 2016, the records of OCAI at BREG have been "frozen" and BREG will no longer accept any filings with respect to this entity until this private dispute between the various groups has been resolved. A notation will also be placed on the entity's records notifying the public that a dispute is pending.

Ms. Barbara Arthurs  
Orchidland Community Association, Inc.  
March 30, 2016  
Page Two

Once this private dispute has been resolved, BREG will "unfreeze" OCAI's records and accept documents for filing; provided that BREG receives a certification attesting to or a determination of the proper officers and directors of OCAI from:

1. An agreement between all of the involved parties; or
2. An independent third party (e.g., a court, an arbitrator, a mediator, etc.).

Finally, pursuant to Hawaii Revised Statutes section 414D-8, please be advised that BREG's filing or refusal to file a document does not affect or create a presumption as to the validity or invalidity of the record in whole or in part; or relate to or create a presumption as to the correctness or incorrectness of information contained in the record.

If you have any questions on the above, please do not hesitate to contact me at (808) 586-2727. Thank you for your fax.

Very truly yours,



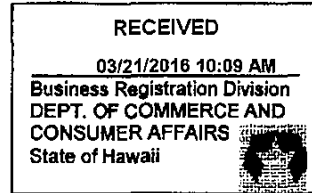
Ty Y. Nohara  
Commissioner of Securities

TYN:gatv

VIA CERTIFIED MAIL NO. 7013 1710 0001 8117 4439  
RETURN RECEIPT REQUESTED

c: Jo Ann Yasui  
Documents Information Supervisor  
Business Registration Division  
  
Frederic Wirick  
Orchidland Community Association, Inc.  
P.O. Box 280  
Keeau, Hawaii 96749

VIA CERTIFIED MAIL NO. 7013 1710 0001 8117 4422  
RETURN RECEIPT REQUESTED



March 21, 2016

To: Ty Nohara, Commissioner of Securities, State of Hawaii, Department of Commerce and Consumer Affairs, Business Registration Division

Fr: Barbara Arthurs, Ed.D. (signature), Treasurer, Orchidland Community Association, Inc.

Re: Request to Freeze DCCA Record for Orchidland Community Association Names of OLCA Officers and Directors

On behalf of Orchidland Community Association, Inc., I am requesting that the following names be frozen:

- Ricky Turner P/D, Cherri Carden V/D, Ariel Murphy S/D, Barbara Arthurs T/D, David Marquis D, Sally Waitt D, Ralph Boyea D, Sharon Landry D

NAME OF BUSINESS: Orchidland Community Association, Inc.

REASON FOR REQUESTING FREEZE:

Concerned Orchidland lot owners have filed a suit against Mr. Stoner, Mr. Wirick, and Ms. Greene. Under Mr. Wirick's leadership, they were able to elect themselves as officers of the Board and continue to have access to the OLCA financial accounts. Funds have been used to pay unlicensed contractors (DCCA is investigating this.) They have disregarded OLCA Bylaws, HRS 414D, and Roberts Rules. The suit is still pending.

By petition and a special membership meeting on February 27, 2016, Mr. Stoner, Mr. Wirick, and Ms. Greene were removed from the official Board. In addition another petition was for Mr. Lyon, Mr. Stoner, Mr. Wirick, Ms. Greene, Mr. Akana, and Mr. Platt to cease and desist from dispersing any OLCA funds. Those whose names are to be replaced have created an unofficial Board. The official Board is working to re-establish its responsibilities by correcting the authorized signatures at the financial institutions where OLCA funds are kept. The financial institutions

require the official names from the DCCA registration record and approved minutes requesting the change of names.

We understand that once frozen, no further changes will be made unless there is a clear resolution of the problem by arbitration or by the court. Members of the *unofficial* Board had refused to go to mediation when a concerned lot owner arranged for mediation. Once in litigation, the judge instructed that the parties go to mediation. This attempt to resolve issues through mediation was not successful. Litigation is still in process.

Please note that OLCA by a 1992 court judgment is authorized to collect mandatory road maintenance funds, since lot owners own a share of undivided interest in our subdivision roads and are responsible for the maintenance and improvement of our roads. If you need more information, please let me know. My contact information is as follows:

(808) 966-6141  
[habsarthurs@gmail.com](mailto:habsarthurs@gmail.com)

We need help to save our community from these unscrupulous individuals. Your assistance regarding this matter is greatly appreciated.

**CERTIFICATION STATEMENT:**

I certify under penalty of perjury that the above is true and correct and that I am authorized to sign.

*Barbara Arthur* 3/21/2016  
Signature Date

FILED 03/15/2016 11:38 AM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808)588-2727



**STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY**

(Section 426R-7 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

**Represented Entity** (that wishes to change its registered agent)

1. Specify represented entity type, please check one:

- Profit Corporation
- Nonprofit Corporation
- General Partnership
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Limited Partnership
- Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the represented entity is:

Orchidland Community Association, Inc. Hawaii  
(Type/Print Entity Name) (State or Country)

**Current Agent Information**

3. a. Name of its current registered agent:

Frederic Wirick

b. Street address of agent's current office in this State:

P.O. Box 280 Keolu, Hawaii 96749

**New Agent Appointment**

4. Name of the entity's new registered agent after the change is:

Barbara Arthur Hawaii  
(Type/Print Name of Agent) (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered agent's office in this State after the change is:

P.O. Box 280 Keolu, Hi. 96749

6. The appointment of a registered agent in this statement is an affirmation by the represented entity that the new agent has consented to serve as such

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 425-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to make this change, and that the above statements are true and correct.

Signed this 15th day of March, 2016

Barbara Arthur, Treasurer \_\_\_\_\_  
(Type/Print Name & Title) (Type/Print Name & Title)

Barbara Arthur \_\_\_\_\_  
(Signature of Officer) (Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE.

03/17/2016 09:59:59 AM

CMI

03/17/2016 2:00:40

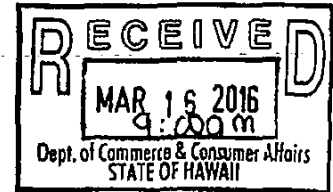
Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

\* This letter is to be signed by at least one of the **NEW** officers, members or managers of the above named entity.

3/16/2016

Date

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Re: Orchidland Community Association, Inc.  
(Name of Entity)

The above named entity has **changed** its officers/directors/members/managers:

From: Steve Lyon P/D  
Donald Stoner V/D  
Frederic Wirick S/D  
Tegen Greene T/D  
Skylar Platt D  
Gerald Akana D

BA

TO (Include: Names, titles and Addresses):

Ricky Turner P/D PO Box 782, Pahoa, Hi. 96778  
Sherri Carden V/D HC 3 Box 4643, Keaau, Hi. 96749  
Ariel Murphy S/D PO Box 24, Pahoa, Hi. 96778  
Barbara Arthurs T/D PO Box 409, Kurtistown, Hi. 96760  
David Marquis D PO Box 1370, Pahoa, Hi. 96778  
Sally Waitt D PO Box 492757, Keaau, Hi. 96749  
Ralph Boyea D HC 2 Box 5626, Keaau, Hi. 96749  
Sharon Landry D PO Box 1205, Pahoa, Hi. 96778

BA

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

Barbara Arthurs Treasurer

\* Signature and Office Title Held

Barbara Arthurs  
Print Name

File No. 40316 D2

PAGE. 2 / 2

MAR.16.2016 08:22 AM Robert and Barbara Arthurs 8089666141

3/18/2016 per Barbara Arthurs ok to make changes

3101330007

03/14/2016 03:42 PM 03-11-2016

03:42:37 p.m. 03-11-2016

WWW.BUSINESSREGISTRATIONS.COM

FORM X-7  
7/2012

FILED 03/11/2016 03:42 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808)586-2727



03/14/2016 03:42 PM 10086

STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY

(Section 428A-7 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

Represented Entity (that wishes to change its registered agent)

1. Specify represented entity type, please check one:

- Profit Corporation
- Nonprofit Corporation
- General Partnership
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Limited Partnership
- Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the represented entity is:

Orchidland Community Association, Inc. Hawaii  
(Type/Print Entity Name) (State or Country)

Current Agent Information

3. a. Name of its current registered agent:

Ariella Murphy

b. Street address of agent's current office in this State:

PO Box 280 Keolu, HI 96749

New Agent Appointment

4. Name of the entity's new registered agent after the change is:

Frederic Wirick Hawaii  
(Type/Print Name of Agent) (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered agent's office in this State after the change is:

PO Box 280 Keolu, HI 96749

6. The appointment of a registered agent in this statement is an affirmation by the represented entity that the new agent has consented to serve as such.

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to make this change, and that the above statements are true and correct.

Signed this 1<sup>th</sup> day of March, 2016

Frederic Wirick / Secretary  
(Type/Print Name & Title)

Frederic Wirick  
(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE.



03/10/2016: Sess 10010

08-586-2733

10.29:25 a.m. 03-01-2016

2/3

03/10/2016: Sess 10010

Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

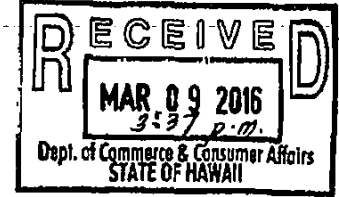
\* This letter is to be signed by at least one of the NEW officers, members or managers of the above named entity.

3/9/16

Date

FP

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Re: Orchid Land Community Association, Inc.  
(Name of Entity)

K.A.

The above named entity has changed its officers/directors/members/managers:

From: Ricky Turner P/D  
Shenni Garden V/D  
Ariela ~~Anick~~ Murphy S/D  
Barbara ~~Arthos~~ Arthurs T/D  
David Marquis D  
Sally Waitt (Waitt) D

K.A.

K.A.

K.A.

TO (Include: Names, titles and Addresses): PO Box 280, Keolu, HI 96749  
Steve Lyon P/D  
Donald Stoner V/D  
Frederic Wirick S/D  
Tegen Greene T/D  
Skylar Platt D  
Gerald Akana D

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

File # 40316D2

Frederic Wirick / Secretary

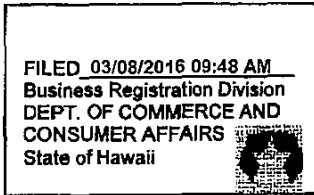
\* Signature and Office Title Held

Frederic Wirick

Print Name

3/14/2016 As per Ken Ahlo, okay to make the above annotations.

3101330009



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808)588-2727



03/03/2016 2:56:58 PM 10008

STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY

(Section 426B-7 Hawaii Revised Statutes)

40316 D2

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

Represented Entity (that wishes to change its registered agent)

1. Specify represented entity type, please check one:

- Profit Corporation
- Nonprofit Corporation
- General Partnership
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Limited Partnership
- Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the represented entity is:

Orchidland Community Association, Inc. Hawaii  
(Type/Print Entity Name) (State or Country)

Current Agent Information

3. a. Name of its current registered agent:

Frederic Wirick

b. Street address of agent's current office in this State:

P.O. Box 280 Keolu, Hawaii 96749

New Agent Appointment

4. Name of the entity's new registered agent after the change is:

Ariela Murphy  
(Type/Print Name of Agent) (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered agent's office in this State after the change is:

P.O. Box 280 Keolu, Hawaii 96749

6. The appointment of a registered agent in this statement is an affirmation by the represented entity that the new agent has consented to serve as such.

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to make this change, and that the above statements are true and correct.

Signed this 7th day of March 2016

Ariela Murphy, Secretary / Agent  
(Type/Print Name & Title)

[Signature]  
(Signature of Officer)

Barbara Arthur, Treasurer  
(Type/Print Name & Title)

[Signature]  
(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE

CMT

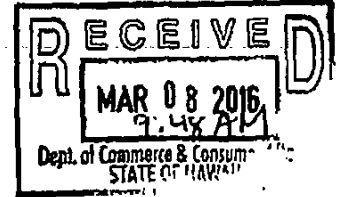
Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

\* This letter is to be signed by at least one of the **NEW** officers, members or managers of the above named entity.

March 7, 2016  
Date

03/09/2016 2:55:10 PM

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Re: Orchidland Community Association, Inc.  
(Name of Entity)

The above named entity has **changed** its officers/directors/members/managers:

From: Steve Lyon P/D  
Donald Storer V/D  
Frederic Wicicki S/D  
Tegen Green T/D  
Skylor Platt D  
Gerald Akuna D

TO (Include: Names, titles and Addresses):

Ricky Turner P/D  
Sherril Carden V/D  
Arielle Murphy S/D  
Barbara Arthurs T/D  
David Marquis D  
Sally Waitt D

P.O. Box 280; Keolu, HI. 96749  
P.O. Box 280; Keolu, HI. 96749  
P.O. Box 280; Keolu, HI. 96749  
P.O. Box 280; Keolu, HI. 96749  
P.O. Box 280; Keolu, HI. 96749  
P.O. Box 280; Keolu, HI. 96749

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

Barbara Arthurs, Treasurer

\* Signature and Office Title Held

Barbara Arthurs  
Print Name

File No. 40316 D2

Filing fees:

\* This letter is to be signed by at least one of the remaining or NEW officers, members or managers of the above named entity

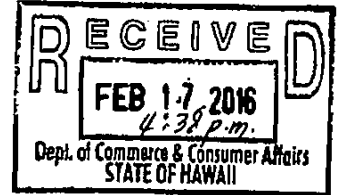
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

FP

2/17/2016

Date

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Re: Orchidland Community Association, Inc.  
(Name of Entity)

The above named entity has changed its officers/directors/members/managers:

From: Steve Lyon, president  
F.W. (Donald) Don Stoner, vice president  
Tegan Greene, Treasurer  
Frederic Wirick, Secretary  
Thomas Mc Candless, director  
Ricky Turner, Sky Platt, Gerald Akana, Vijay Karai: directors  
F.W. (SKYLAR PLATT)

All Officers/Directors Address:  
P O Box 280, Keolu, HI 96749

F.W.

TO (Include: Names, titles and addresses):  
F.W. Donald Steve Lyon, president/director  
Don Stoner, vice president/director  
Tegan Greene, treasurer/director  
Frederic Wirick, secretary/director  
F.W. Skylar ~~Sky Platt~~, director  
Gerald Akana, director.

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

FILE # 40316D2

*Frederic Wirick* OLC A Secretary

\* Signature and Office Title Held

Frederic Wirick

Print Name

SYL

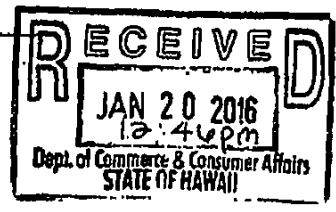
Filing fees:

\* This letter is to be signed by at least one of the remaining or NEW officers, members or managers of the above named entity.

- Profit Corporation/LLC \$25
- Non Profit Corporation \$10
- Optional expedite fee \$25
- Archives Fee \$1

1/20/16  
Date

Department of Commerce and Consumer Affairs  
 Business Registration Division  
 P O Box 40  
 Honolulu, Hawaii 96810



Re: Orchidland Community Association, Inc.  
 (Name of Entity)

The above named entity has changed its officers/directors/members/managers:

From: Ricky Turner, president  
 Don Stoner, vice president  
 Tegen Greene, Treasurer  
 Frederic Wirick, Secretary  
 Thomas McCandless, Road Chair  
 sky platt, Gerald Akana, Vijay Karai > directors  
 Peter Houle, Barbara Arthurs

TO (include: Names, titles and Addresses):

Steve Lyon, president  
 Don Stoner, vice president  
 Tegen Greene, treasurer  
 Frederic Wirick, Secretary  
 sky platt, Gerald Akana, Thomas McCandless > directors  
 Vijay Karai, Ricky Turner  
 PO Box 280 Keolu HI 96749 Address is for all officers/directors

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

Frederic Wirick OCHA Secretary

File # 40316-D2

\* Signature and Office Title Held

Frederic Wirick

Print Name

12/26/2016 12:46 PM DE-20-2016 1  
01/21/2016 2:58:55 10011

WWW.BUSINESSREGISTRATIONS.COM

FORM X-7  
7/2012

FILED 01/20/2016 12:46 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808)586-2727



**STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY**  
(Section 420A-7 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

**Represented Entity** (that wishes to change its registered agent)

1. Specify represented entity type, please check one:

- Profit Corporation
- Nonprofit Corporation
- General Partnership
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Limited Partnership
- Limited Liability Company

2. The name and state/country of incorporation/formation or organization of the represented entity is:

Orchidland Community Association, Inc. Hawaii  
(Type/Print Entity Name) (State or Country)

**Current Agent Information**

3. a. Name of its current registered agent:

Vijay Karai (former secretary)

b. Street address of agent's current office in this State:

PO Box 280, Keolu HI, 96749

**New Agent Appointment**

4. Name of the entity's new registered agent after the change is:

Frederic Wirick (current Secretary) Hawaii  
(Type/Print Name of Agent) (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered agent's office in this State after the change is:

PO Box 280, Keolu HI, 96749

6. The appointment of a registered agent in this statement is an affirmation by the represented entity that the new agent has consented to serve as such.

I/we certify under the penalties of Section 414-20, 414D-12, 426-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements. I/we are authorized to make this change, and that the above statements are true and correct.

Signed this 20 day of January, 2016

<u>Frederic Wirick</u> <small>(Type/Print Name &amp; Title)</small>	<u>not available</u> <small>(Type/Print Name &amp; Title)</small>
 <small>(Signature of Officer)</small>	<u>not available</u> <small>(Signature of Officer)</small>

SEE INSTRUCTIONS ON REVERSE SIDE.

SYL

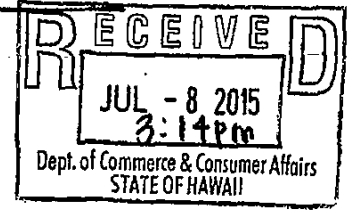
Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

\* This letter is to be signed by at least one of the **NEW** officers, members or managers of the above named entity.

July 8, 2015

Date

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Inc.

Re: Orchidland Community Association (OLCA)  
(Name of Entity)

The above named entity has changed its officers/directors/members/managers:

- From:
- Rick Turner, President
  - Don Stoner, Vice President
  - Barbara Authurs, Treasurer
  - Vijay Karal, Secretary
  - Richard Greever, Road Maintenance Committee Chairperson
  - Tegen Greene, director
  - Elizabeth Wewers, director
  - Gerald Akana, director
  - Peter Houle, director
  - Therese Zeller, director

- To (Include: Names, titles and Addresses):
- Rick Turner, President
  - Don Stoner, Vice President
  - Tegen Greene, Treasurer
  - Frederic Wirick, Secretary
  - Thomas McCandless, Road Maintenance Committee Chairperson
  - Gerald Akana, director
  - Skyler Platt, director
  - Barbara Authurs, director
  - Peter Houle, director
  - Vijay Karal, director

Principle mailing address: Orchidland Community Association address: PO Box 280, Keaau, Hawaii 96749, same for all listed above

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

*Frederic Wirick* Secretary

\* Signature and Office Title Held

File # 40316-D2

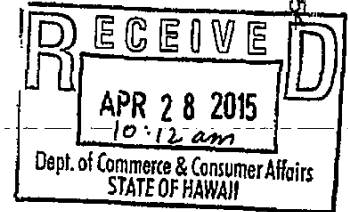
Frederic Wirick  
Print Name

Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

Dated 04/28/2015

FP

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



04/29/2015 20054

Re: Orchidland Community Association , Inc.  
(Name of Entity)

These are the current officers, ~~member, manager~~ and directors for the above named entity:

Turner, Ricky	P	PO Box280, Keaau, HI 96749
Arthurs, Barbara	T	PO Box280, Keaau, HI 96749
Karai, Vijayaraghavan	S	PO Box280, Keaau, HI 96749
Greever, Richard	D	PO Box280, Keaau, HI 96749
Somalinog, Janet	D	PO Box280, Keaau, HI 96749
Stoner, Don	D	PO Box280, Keaau, HI 96749
Houle, Peter	D	PO Box280, Keaau, HI 96749
Wewers, Elizabeth	D	PO Box280, Keaau, HI 96749
Greene, Tegen	D	PO Box280, Keaau, HI 96749
Zeller, Therese	D	PO Box280, Keaau, HI 96749
Akana, Gerald	D	PO Box280, Keaau, HI 96749

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

*Vijay Karai - Secretary*

Signature and Office Title Held

Vijayaraghavan Karai  
Print Name



Filing fees:  
Profit Corporation/LLC \$25  
Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

Received Business Registration Division  
Feb. 23, 2015 2:51 PM Department of  
Commerce and Consumer Affairs State of  
Hawaii

SYL

Dated 02/23/2015

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810

02/23/2015 2:51 PM

Association  
Re: Orchidland Community Association, Inc.  
(Name of Entity)

These are the current officers, ~~member, manager~~ and directors for the above named entity:

Turner, Ricky	P	PO Box 280, Keaau HI 96749
Stoner, Don	V	PO Box 280, Keaau HI 96749
Karai, Vijayaraghavan	S	PO Box 280, Keaau HI 96749
Somalinog, Janet	T	PO Box 280, Keaau HI 96749
Greever, Richard	D	PO Box 280, Keaau HI 96749
Greene, Tegen	D	PO Box 280, Keaau HI 96749
Vacant	D	PO Box 280, Keaau HI 96749
Vacant	D	PO Box 280, Keaau HI 96749
Vacant	D	PO Box 280, Keaau HI 96749
Vacant	D	PO Box 280, Keaau HI 96749
Vacant	D	PO Box 280, Keaau HI 96749

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

 - Secretary

Signature and Office Title Held

File # 40316-D2

Vijayaraghavan Karai

Print Name

Received Business Registration  
Division January 9, 2015 9:00 AM  
Department of Commerce and  
Consumer Affairs, State of Hawaii

01/12/2015 2:00:08

Date: January 7, 2015

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810

Re: ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
(Name of Entity)

RA

The above named entity has changed its  
officers/directors/~~members~~/managers:

**From:**

<del>VACANT</del>	<del>PRESIDENT</del>	
<del>VACANT</del>	<del>VICE-PRESIDENT</del>	
KARAI, Vijayaraghara	SECRETARY	
SOMALINOG, Janet	TREASURER	
GREEVER, Richard	D	
GREENE, Tegen	D	
<del>VACANT</del>	<del>D</del>	
<del>VACANT</del>	<del>D</del>	
TURNER, Ricky	D	
HOULE, Peter	D	
STONER, Don	D	

RA

RA

RA

RA

To (include: Names, titles and Addresses):

ARTHURS, Robert	P	PO BOX 280, Keaau, Hi 96749-0280
DEXTER, Robert	VP.	PO BOX 280, Keaau, Hi 96749-0280
KARAI, Vijayaraghara	S	PO BOX 280, Keaau, Hi 96749-0280
SOMALINOG, Janet	T	PO BOX 280, Keaau, Hi 96749-0280

1 of 2

GREEVER, Richard	D	PO BOX 280, Keaau, Hi 96749-0280
GREENE, Tegen	D	PO BOX 280, Keaau, Hi 96749-0280
CAREY, Wayne	D	"
MCCARTIN, Dennis	D	"
TURNER, Ricky	D	"
HOULE, Peter	D	"
STONER, Don	D	"

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,



Signature and Office Title Held

ROBERT ARTHURS, PRESIDENT

Print Name

File No. 40316 D2

1/12/2015 per Robert Arthurs ok to make changes

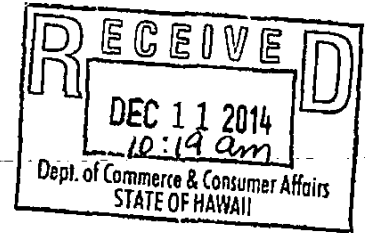
2 of 2

Non Profit Corporation \$10  
Optional expedite fee \$25  
Archives Fee \$1

CMI

Dated 12/11/2014

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810



Re: Orchidland Community Association, Inc.  
(Name of Entity)

These are the current officers, ~~member, manager~~ and directors for the above named entity:

Karai, Vijayaraghavan	S	PO Box 280, Keaau HI 96749
Somalinog, Janet	T	PO Box 280, Keaau HI 96749
Greever, Richard	D	PO Box 280, Keaau HI 96749
Greene, Tegen	D	PO Box 280, Keaau HI 96749
Turner, Ricky	D	PO Box 280, Keaau HI 96749
Houle, Peter	D	PO Box 280, Keaau HI 96749
Stoner, Don	D	PO Box 280, Keaau HI 96749

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

*Vijay Karai* - Secretary

\_\_\_\_\_  
Signature and Office Title Held

Vijayaraghavan Karai

\_\_\_\_\_  
Print Name

File No. 40316 D2

Nov.10.2014 09:31 AM Robert and Barbara Arthur 8089666141

808-586-2733

09:36:05 a.m. 11-10-2014

3 / 5

10/31/2014 10:42:50 a.m.

11/10/2014 09:36:05 a.m.

1

Archives Fee \$1

Oct 27, 2014

TPM

Date

Received Business Registration Division  
November 10, 2014 9:51 AM  
Department of Commerce and Consumer Affairs  
State of Hawaii

Department of Commerce and Consumer Affairs  
Business Registration Division  
P O Box 40  
Honolulu, Hawaii 96810

Re: ORCHIDLAND COMMUNITY  
ASSOCIATION

(Name of Entity)

The above named entity has **changed** its  
officers/directors/members/managers:

From:

MORISHIGE, Marti.	President
INMAN-NARAHARI, Nikhil	Vice President
BOYEA, Ralph	Secretary
RAITER, Sheldon	Treasurer
CAREY, Wayne	D
MCCARTIN, Dennis.	D

008-586-2733

09:36:16 a.m. 11-10-2014

4/5

10/31/2014 201420042

10/31/2014 20042

11/10/2014 20052

DEXTER, IBOB	D	B.D.
MURPHY, Ariela.	D	
COLEMAN, Armon.	D	

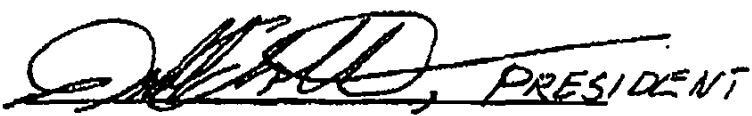
TO (include: Names, titles and Addresses):

ARTHURS, Robert	PRESIDENT	"
DEXTER, Robert	VICE-PRESIDENT	"
vacant	SECRETARY	"
SOMALINOG, Janet	TREASURER	"
GREEVER, Richard	<del>ROADS</del> <i>D</i> <del>and</del> <i>OTHER</i>	"
GREENE, Tegen	D	"
<del>Wayne</del> Carey, <i>WAYNE</i>	D	"
<del>Bennis</del> McCarlin, <i>BENIS</i>	D	"
TURNER, Ricky	D	"
HOULE, Peter	D	"

*ORCHIDLAND COMMUNITY ASSOC.  
PO BOX 280  
KEAUA, HI 96749-0280*

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Sincerely,

 *PRESIDENT*

Signature and Office Title Held

ROBERT ARTHURS, President

File No.40316D2



\*AGD\*



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Mailing Address: P. O. Box 113600, Honolulu, HI 96810

Phone: (808) 586-2727

Fax: (808) 586-2733

August 15, 2002

ORCHIDLAND COMMUNITY ASSOCIATION, INC.

P O Box 280

Keaau, HI 96749-0280



FILED 12/30/2002 11:48 AM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii



Effective July 1, 2002, your type of business entity is required to have a registered agent. The registered agent may be an individual who resides in the State of Hawaii, a domestic or foreign entity authorized to transact business or conduct affairs in Hawaii. If the registered agent is an individual, it may be an officer, director or partner of your entity. See Act 130, 2002 Hawaii Session Laws.

You can designate a registered agent and provide the street address of its office by completing and filing this form or save time and postage by filing ONLINE (see instructions below), or faxing to the number above. The filing fee for the designation of registered agent shall be waived if filed on or before December 31, 2002.

Designation of registered agent  
INFORMATION MUST BE TYPED

Business Entity (check this box, if the registered agent is a business and not an individual)

1. Name of registered agent:

KIRSTIE GOIN, TREASURER  
(Type name of registered agent)

HAWAII  
(State or Country of incorporation or  
Residence, if registered agent is an entity)

2. Hawaii street address of registered agent's office:

Address: ORCHIDLAND COMM ASSN, INC.

P. O. BOX 280

City: KEAAU

State: HI

Zip: 96749-0280

3. The address of the registered agent and address of the registered agent's office shall be identical.

I certify that I have read the above statements and that the same are true and correct to the best of my knowledge and belief.

NANCY HAMMACK, SEC.  
Print name and title of authorized officer or partner

Nancy Hammack 12-30-02  
Signature and Date

You can file ONLINE at [www.chawaii.gov.org/agent](http://www.chawaii.gov.org/agent)  
Login using your 'File No.' at upper left of this page  
IF FILING ONLINE, DO NOT RETURN THIS FORM  
Payment is waived if filed on or before December 31, 2002  
Please type the information on the form

12/30/200220554

BYLAWS OF  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.

*mu*

ARTICLE I  
NAME AND PURPOSES

SECTION 1. NAME. The name of the corporation shall be ORCHIDLAND COMMUNITY ASSOCIATION, INC.

SECTION 2. PURPOSES. The purposes of the corporation shall be:

- (a) To improve and beautify our community.
- (b) To actively represent our community before any agencies on matters affecting our community.
- (c) To participate in general Island activities.
- (d) To preserve the agricultural status of the subdivision.
- (e) To promote youth activities.
- (f) To promote social and recreational activities in our community.
- (g) To aid, other than financially, fellow members and area residents in times of distress.

ARTICLE II  
LOCATION

SECTION 1. LOCATION. The principal office for the transaction of the business of the corporation shall be located in the District of Puna, County and State of Hawaii. It's mailing address shall be P.O. Box 109, Keaau, Hawaii 96749.

SECTION 2. CHANGE OF LOCATION. The general membership only, by regular or special meeting, shall have the power to change the principal office from one place to another, within the County.

ARTICLE III  
MEMBERSHIP, VOTES AND DUES

SECTION 1. QUALIFICATION OF MEMBERS. There shall be only one class of membership in the corporation. Each person who is the



ARTICLE VI  
MEETINGS OF MEMBERS

SECTION 1. ANNUAL MEETINGS. There shall be two (2) regular meetings a year. One shall be the second Thursday in June and the other shall be the first Thursday in February.

SECTION 2. NEWSLETTER. There shall be a newsletter sent out twice yearly, once in October and once in April.

SECTION 3. SPECIAL MEETINGS. Special meetings of members for any purpose whatsoever may be called at any time by the President or the Board of Directors, or by petition which shall be signed by five (5) members in good standing and shall have been delivered to the President of the association. The President shall notify the Corresponding Secretary who shall notify all members by written notice, not less than seven (7) days prior to the special meeting.

SECTION 4. QUORUM. A quorum shall consist of twelve (12) members in good standing and at least three (3) officers present at the meeting.

SECTION 5. RULES. All annual or special meetings of members and the Board of Directors shall be conducted in accordance with the current edition of Robert's Rules of Order, except when the conflict with the bylaws of the corporation; at which time the bylaws will take precedence.

ARTICLE VII  
DIRECTORS

SECTION 1. POWERS. Except for the limitations of the Charter of Incorporation and of the bylaws as to actions to be authorized or approved by the membership and subject to the duties of the Directors as prescribed by the bylaws, all corporate powers and affairs of the corporation shall be exercised or controlled by or with authority of the Board of Directors.

Without prejudice to such general powers but subject to the same limitations, it is declared that the Directors shall have the following powers:

SECTION 5. MEETINGS. The Board of Directors shall meet once every two (2) months, unless a special meeting of the Board is called.

SECTION 6. SPECIAL MEETINGS. Special meetings of the Board of Directors, for any purpose, shall be called at any time by the President, or if he is absent, unable or unwilling to act, by the Vice President, or any two directors. Written notice shall be given to all members, postmarked no later than 48 hours in advance of the meeting.

SECTION 7. FUNDS OF THE CORPORATION. All funds received by the association shall be delivered to the Treasurer who will promptly deposit such funds, intact, in the association account. The Corresponding Secretary shall have a \$50.00 petty cash fund. Except for the petty cash fund all disbursements will be by check requiring the signature of both the Treasurer and the President. The maximum funds to be maintained in the checking account will be determined at least once a year by the general membership. Any assets over the amount authorized for the checking account will be placed in an interest bearing savings account.

The Board of Directors will develop an annual operating budget and the budget will be submitted to the general membership for approval. This approval will be given at a special meeting to be held no more than eight (8) weeks after the annual membership meeting. A detailed, up to date list of all monies spent by the Board of Directors will be available at all general membership meetings. All expenditures of \$500.00 or more must be approved by the general membership. This approval can be made by making a general appropriation of any amount for a specified purpose.

The association President will appoint an auditing committee consisting of three members to audit the association financial records. Such audit will be conducted once yearly, the audit to be conducted thirty (30) days prior to the annual election of officers meeting.

SECTION 8. QUORUM. A majority of the number of Directors as fixed by these bylaws shall be necessary to constitute a quorum for the transaction of business, except to adjourn or hereinafter provided. A quorum shall consist of seven (7) Board members.

SECTION 9. FEES AND COMPENSATION. No director or officer shall receive any salary for his services as director or officer. Reimbursement may be made for reasonable, substantiated expenses incurred in the performance of official duties of the corporation, subject to the approval of the Board of Directors.

SECTION 4. REMOVAL. Any officer may be removed for cause only by a quorum of the general membership at a special meeting of the general membership called for such purpose.

Any officer may resign at any time by giving written notice to the Board of Directors or to the President. Any such resignation shall take effect at the date of the receipt of such notice, or at any later time specified therein; and unless otherwise specified therein. Acceptance of such resignation shall not be necessary to make it effective.

SECTION 5. VACANCIES. A vacancy in any office for any reason shall be filled in the manner prescribed elsewhere in these by-laws.

SECTION 6. BONDING. All officers of the Association responsible for the receipt and disbursement of funds will be bonded. The amount of each bond will be determined by the Board of Directors. The cost of such bonds will be paid by the association.

ARTICLE IX  
LIABILITY

All of the property of the corporation shall be liable for the just debts thereof, but no member shall be individually liable beyond the amount of dues or assessments duly levied as provided and set forth in these bylaws.

ARTICLE X  
COMMITTEES

SECTION 1. STANDING COMMITTEES. Standing committees shall consist of at least three members and not more than five, including the chairperson. Such committee members are to be chosen by the chairperson of said committee who shall be elected by and from the Board and such committee members shall be subject to confirmation by the Board.

SECTION 2. ACCOUNTABILITY. All committees shall be accountable to the electing or appointing authority and shall report directly thereto.

SECTION 3. REMOVAL. The chairperson and members of all committees

14-1

14



*Orchidland Community Association* INC.  
Post Office Box 109 • Keaau, Hawaii 96749

6 SEPTEMBER 1979

STATE OF HAWAII  
DEPT. OF REGULATORY AGENCIES  
BUSINESS REGISTRATION DIVISION  
HONOLULU, HI.

GENTLEMEN:

REFERENCE CHARTER OF INCORPORATION FOR THE  
ORCHID LAND COMMUNITY ASSOCIATION, INC. APPROVED BY  
YOUR OFFICE 25 JUNE 1979.

IN ACCORDANCE WITH SECTION IX OF THE CHARTER  
THE BY-LAWS OF OUR ASSOCIATION ARE ENCLOSED. PLEASE  
NOTE THAT ARTICLE XII STATES THE FISCAL YEAR ENDS  
THE 30TH DAY OF THE YEAR. THEREFORE, IT IS REQUESTED  
THAT THIS ORGANIZATION BE PERMITTED TO FILE AN ANNUAL  
EXHIBIT AS OF THE CLOSE OF THE FISCAL YEAR.

SINCERELY,

ROBERT B. COATES  
PRESIDENT, OLCA, INC.

INCL.  
BY-LAWS OF THE OLCA  
DATED 9 AUGUST 1979

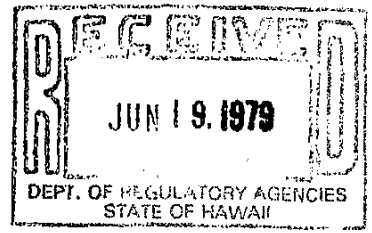
*rw*

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STATE OF HAWAII  
DEPARTMENT OF REGULATORY AGENCIES

In the Matter of a Petition )  
for Charter of Incorporation )  
 )  
 of )  
 )  
 ORCHIDLAND COMMUNITY )  
 ASSOCIATION, INC. )  
 )

40,316



PETITION FOR CHARTER OF INCORPORATION

CARLSMITH, CARLSMITH,  
WICHMAN AND CASE  
(Tim E. deSilva) 1586-0  
121 Waiianuenue Avenue  
Hilo, Hawaii 96720

Attorneys for Orchidland Community  
Association, Inc.

21 631

STATE OF HAWAII

DEPARTMENT OF REGULATORY AGENCIES

In the Matter of a Petition )  
 for Charter of Incorporation )  
 of )  
 ORCHIDLAND COMMUNITY )  
 ASSOCIATION, INC. )

10-

PETITION FOR CHARTER OF INCORPORATION

June 25, 1979

TO THE HONORABLE TANY S. HONG, DIRECTOR OF REGULATORY AGENCIES OF THE STATE OF HAWAII:

The undersigned, ALBERT PERREIRA, HARRY M. SHIGEURA, BARBARA BROWN and DOLORES M. WALTHER, all of whom are residents of the State of Hawaii, hereby petition the Director of Regulatory Agencies of the State of Hawaii, under the provisions of Sections 416-19 and 416-20 of the Hawaii Revised Statutes for the issuance of a charter of incorporation in the form and manner of the Charter of Incorporation attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the Incorporators have hereunto set their hands this 25 day of June, 1979.

Albert Perreira  
 ALBERT PERREIRA  
Barbara Brown  
 BARBARA BROWN

Harry M. Shigeura  
 HARRY M. SHIGEURA  
Dolores M. Walther  
 DOLORES M. WALTHER

STATE OF HAWAII )  
 ) SS:  
COUNTY OF HAWAII )

ALBERT PERREIRA, HARRY M. SHIGEURA, BARBARA BROWN  
and DOLORES M. WALTHER, being first duly sworn on oath,  
depose and say that they are the petitioners above named,  
that they have read the foregoing petition and attached  
proposed charter of incorporation and know the contents  
thereof; and that the matters and statements therein set  
forth are true to the best of their knowledge and belief.

*Albert Perreira*  
Albert Perreira

*Harry M. Shigeura*  
Harry M. Shigeura

*Barbara Brown*  
Barbara Brown

*Dolores M. Walther*  
Dolores M. Walther

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 1979.

*[Signature]*  
Notary Public, Third Judicial  
Circuit, State of Hawaii

My Commission expires: *11/24/81*

DEPARTMENT OF REGULATORY AGENCIES

STATE OF HAWAII

~~In the Matter of the Incorporation~~ )

of )

ORCHIDLAND COMMUNITY )  
ASSOCIATION, INC. )

CHARTER OF INCORPORATION

TO ALL TO WHOM THESE PRESENTS SHALL COME:

I, the undersigned Director of Regulatory Agencies of the State of Hawaii, send greetings:

WHEREAS, ALBERT PERREIRA, HARRY M. SHIGEURA, BARBARA BROWN and DOLORES M. WALTHER, all of whom are residents of the State of Hawaii, have filed with me, as Director of Regulatory Agencies, a verified petition to grant to them and their associates a Charter of Incorporation as a nonprofit corporation, in accordance with Section 416-20 of the Hawaii Revised Statutes;

NOW, THEREFORE, I, the said Director, in the exercise and execution of every power and authority in anywise enabling me in this behalf, do hereby constitute the said petitioners and their associates a corporation under the laws of the State of Hawaii for the purposes and in the form hereinafter set forth.



I.

NAME

The name of this corporation shall be ORCHIDLAND  
COMMUNITY ASSOCIATION, INC.

II.

LOCATION

The location of the principal office of the corporation shall be Hilo, Hawaii, and its initial mailing address shall be P. O. Box 109, Keaau, Hawaii 96749.

III.

PURPOSES

A. To aid, promote and assist in the development, improvement and maintenance of Orchidland Estates Subdivision as a desirable residential community.

B. To preserve the agricultural status of the subdivision.

C. To help and assist residents in times of need and distress.

D. To represent the residents of the subdivision in matters of legislation pertaining to and affecting the subdivision and to actively represent the residents of the subdivision before government agencies.

E. To promote the health, safety and welfare of the residents in the subdivision.

F. To develop a unified community spirit and to promote better understanding and good fellowship among the residents of the subdivision.

G. To promote and support projects for the betterment of the residents in the subdivision and to maintain and improve the quality of life therein.

Provided, however, that the foregoing shall be strictly limited to charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954, as amended. The corporation is not organized for profit and it will not issue any stock. No part of its assets, income, or earnings shall inure to the benefit of any member, director, officer, employee, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation effecting one or more of its objects and purposes or for reimbursement of expenses incurred in behalf of the corporation. No member, director, officer, or employee of the corporation, or any private individual, shall be entitled to share in the distribution of any of the corporation's assets on dissolution of the corporation. No part of the

2

activities of the corporation shall include (i) carrying on propaganda, (ii) attempting in any manner to influence legislation, except that members of the corporation's Board of Directors and personnel of the corporation may testify or make other appropriate communications where formally requested to do so by a legislative body or a committee or a member thereof, in matters concerning legislation relating to the public purposes of the corporation or public appropriations to programs and activities of the corporation, or (iii) participating in, or intervening in (including the publication or distribution of statements), or contributing to, any political campaign in behalf of any candidate for public office.

Further, and without limiting the generality of the foregoing,

(a) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

(b) The corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal

9

Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

(c) The corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

(d) The corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

(e) The corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

#### IV.

##### DURATION

The duration of this corporation shall be perpetual.

#### V.

##### MEMBERS

(a) Subject to any restrictions or limitations as contained in the by-laws of the corporation all owners

and residents of the Orchidland Estates Subdivision may become members of the corporation.

(b) The members of this corporation may also be the directors thereof. Additional members shall become members or shall cease to be members in accordance with the provisions set forth in the by-laws.

VI.

BOARD OF DIRECTORS

The business and affairs of the corporation shall be managed by a Board of Directors consisting of not less than three (3) members; no less than one third (1/3) of the members of the Board shall be residents of the State of Hawaii. The initial directors of the corporation and their residence addresses are as follows:

<u>Name</u>	<u>Residence Address</u>
Albert Perreira	133 Meluhia Hilo, Hawaii 96720
Harry M. Shigeura	284 Pohakulani Hilo, Hawaii 96720
Barbara Brown	Box 1113 Keaau, Hawaii 96749
Dolores M. Walther	Box 733 Keaau, Hawaii 96749
Wayne Carey	Box 1043 Keaau, Hawaii 96749

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>
Robert Coates	S. R. Box UU51 Keaau, Hawaii 96749
Howard Mercer	S. R. Box UU-110 Keaau, Hawaii 96749
Scot Susman	Box 1031 Keaau, Hawaii 96749
Gordon Shigeura	c/o 420 Lanikaula Hilo, Hawaii 96720

The qualifications and manner of election of the directors shall be as set forth in the Bylaws of the corporation.

VII.

OFFICERS

The officers of the corporation shall consist of such officers as shall be provided for in the Bylaws, with such qualifications, duties, and powers as are provided for therein. The initial officers of the corporation and their residence addresses are as follows:

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Albert Perreira	133 Meluhia Hilo, Hawaii 96720
Vice President	Harry M. Shigeura	284 Pohakulani Hilo, Hawaii 96720
Recording Secretary	Barbara Brown	Box 1113 Keaau, Hawaii 96749
Treasurer	Dolores M. Walther	Box 733 Keaau, Hawaii 96749

12

VIII.

DISSOLUTION

Upon the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable, educational, religious, and/or scientific purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended.

IX.

BYLAWS

The initial Bylaws of the corporation shall be adopted by the directors at an initial meeting of the directors, and a certified copy thereof shall be filed within thirty (30) days after adoption. The Bylaws, and every part thereof, may from time to time and at any time, be amended, altered, repealed, and new or additional bylaws may be adopted by the members as prescribed in the Bylaws.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the office of the Director

of Regulatory Agencies of the State of Hawaii to be hereunto  
affixed this 25<sup>th</sup> day of June, 1979.

*Tany S. Hong*

TANY S. HONG  
Director of Regulatory Agencies

*[Signature]*

Corporation & Securities  
Administrator



CARLSMITH, CARLSMITH, WICHMAN AND CASE

ATTORNEYS AT LAW  
P.O. Box 686  
HILO, HAWAII 96720

June 7, 1979

C. WENDELL CARLSMITH  
JAMES H. CASE  
CHARLES R. WICHMAN  
DONN W. CARLSMITH  
ROBERT E. BETHEA  
JAMES W. BOYLE  
BURNHAM H. GREELEY  
GEORGE G. GRUBB  
TOM C. INGLEDEE  
DAVID L. IRONS  
J. THOMAS VAN WINKLE  
DAVID C. LAXSON  
TOM C. LEUTENEKER

ROBERT W. CARLSMITH  
MICHAEL J. MEDEIROS  
HOWARD R. GREEN  
JOHN F. LEZAK  
A. BERNARD BAYS  
GERALD A. SUMIDA  
JOSEPH T. KIEFER  
DONALD C. WILLIAMS  
IVAN M. LUI-KWAN  
TERENCE J. O'TOOLE  
PETER STARN  
LAWRENCE S. OKINAGA

THOMAS A. RULON  
RONALD Y. SHIGETANI  
ROBERT E. STRAND  
RAYMOND S. IWAMOTO  
RAYMOND K. HASEGAWA  
SUSAN P. WALKER  
TIM E. DESILVA  
KE-CHING NING  
GENEVIEVE S. RICHARDSON  
ROGER P. CROUTHAMEL  
GARY S. OLIVA

GARY G. GRIMMER  
SANFORD K. OKURA  
ALAN M. OSHIMA  
WILLIAM E. ATWATER  
DEBORAH MACER CHUN  
PATRICIA DEVLIN  
PHILLIP L. DEAVER  
GREGORY F. MILLIKAN  
J. MICHAEL HIATT  
FERN-LOUISE FROLIN

\*ADMITTED GUAM ONLY

MERRILL L. CARLSMITH  
JACK HALPIN  
OF COUNSEL

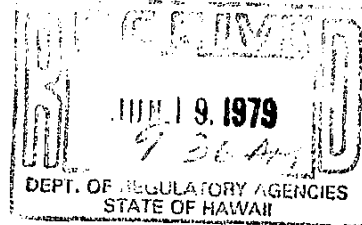
HILO OFFICE:  
121 WAIANUENUE AVENUE  
(808) 935-6644  
CABLE ADDRESS  
CARLSMITH HILO

HONOLULU OFFICE:  
2200 PACIFIC TRADE CENTER  
(808) 523-2500

KONA OFFICE:  
P. O. BOX 1720  
KAILUA-KONA  
(808) 329-9333

GUAM OFFICE:  
P. O. BOX 2263  
AGANA  
472-6813

Department of Regulatory  
Agencies  
1010 Richards St.  
Honolulu, HI 96810



Gentlemen:

Re: Incorporation of Orchidland Community  
Association, Inc. - non-profit

Please find enclosed in the above-captioned  
matter an original and three copies of a Petition for  
Charter of Incorporation and Charter of Incorporation.

Also enclosed is a \$10.00 filing fee.

Sincerely,

*Priscilla Escritor*  
Priscilla Escritor  
Sec. to Tim E. deSilva

encs.

*P.S. Barlow Brown, Colno Waltho,  
Wayne Carey, Robert ~~Cate~~, Howard  
Merritt & Scott Susman only  
have box numbers.*

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

**SSL**

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2015**

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.**

VIJAY KARAI  
ORCHIDLAND COMM ASSN, INC.  
HC 2 BOX 5603  
KEAAU HI 96749-9401

**3. List all officers and directors.**

Offices Held	Full Name	Address
S	KARAI, VIJAYARAGHAVAN	P O BOX 280, KEAAU HI 96749
D	SOMALINOG, JANET	P O BOX 280, KEAAU HI 96749
D	GREEVER, RICHARD	P O BOX 280, KEAAU HI 96749
D	GREENE, TEGEN	P O BOX 280, KEAAU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**  
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

May 5, 2015	VIJAY KARAI	VIJAY KARAI
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 40316 D2  
Rev. 10/2013

2015 B18  
B22  
BSA



05/05/2015 15:40:73A

**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
P	TURNER,RICKY	P O BOX 280, KEAAU HI 96749-0280
D	STONER,DON	P O BOX 280, KEAAU HI 96749-0280
T	ARTHURS, BARBARA	PO BOX 280, KEAAU HI 96749
D	HOULE, PETER	PO BOX 280, KEAAU HI 96749-0280
D	WEWERS, ELIZABETH	PO BOX 280, KEAAU HI 96749-0280
D	ZELLER, THERESE	PO BOX 280, KEAAU HI 96749-0280
D	AKANA, GERALD	PO BOX 280, KEAAU HI 96749-0280

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

**SJ**

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2014**

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.**

MARTI MORISHIGE  
ORCHIDLAND COMM ASSN, INC.  
P.O. BOX 1666  
KEAAU HI 96749

**3. List all officers and directors.**

Offices Held	Full Name	Address
P	MORISHIGE, MARTI	BOX 1666, KEAAU HI 96749
D	CAREY, WAYNE	P.O. BOX 280, KEAAU HI 96749
S	BOYEA, RALPH	P.O. BOX 280, KEAAU HI 96749
D/ROAD CHAIR	MCCARTIN, DENNIS	P.O. BOX 280, KEAAU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**  
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

**C/SJ**

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 28, 2014	DEREK SHIMIZU	DEREK SHIMIZU
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 40316 D2  
Rev. 10/2013

2014 B18  
B22  
BSA





DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

JY

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2013**

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.**

DEREK SHIMIZU  
ORCHIDLAND COMM ASSN, INC.  
P.O. BOX 280  
KEAAU HI 96749

**3. List all officers and directors.**

Offices Held	Full Name	Address
P	OWENS, WES	P.O. BOX 280, KEAAU HI 96749
D	MORISHIGE, MARTI	BOX 1666, KEAAU HI 96749
V	CAREY, WAYNE	P.O. BOX 280, KEAAU HI 96749
T/D	SHIMIZU, DEREK	P.O. BOX 280, KEA'AU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**  
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

C/JY

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 2, 2013	DEREK SHIMIZU	DEREK SHIMIZU
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 40316 D2  
Rev. 07/2010

2013 B18  
B22



**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
S/D	BOYEA,RALPH	P.O. BOX 280, KEAAU HI 96749
D	MCCARTIN,DENNIS	P.O. BOX 280, KEAAU HI 96749

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

FC

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF** April 1, 2012

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.**

DEREK SHIMIZU  
ORCHIDLAND COMM ASSN, INC.  
P.O. BOX 280  
KEAAU HI 96749

**3. List all officers and directors.**

Offices Held	Full Name	Address
P	GARDNER, JERRY	P.O. BOX 280, KEAAU HI 96749
V	CAREY, WAYNE	P.O. BOX 280, KEAAU HI 96749
D	MORISHIGE, MARTI	BOX 1666, KEAAU HI 96749
T/D	SHIMIZU, DEREK	P.O. BOX 280, KEA'AU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

04/02/2012 15:33

C/FC

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 2, 2012

Date

DEREK SHIMIZU

Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)

DEREK SHIMIZU

Print Name

FILE NO. 40316 D2

Rev. 07/2010

2012 B18

B22







DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

SYL

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2011

CORPORATION NAME AND MAILING ADDRESS

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

Principal Office Address

P O BOX 280  
KEAAU HI 96749

1. Nature of Activities

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

FRED MCCONNELL  
ORCHIDLAND COMM ASSN, INC.  
P.O. BOX 280  
KEAAU HI 96749

3. List all officers and directors.

Offices Held	Full Name	Address
T/D	MCCONNELL,FRED	P.O. BOX 280, KEA'AU HI 96749
S/D	BOYEA,RALPH	P.O. BOX 280, KEAAU HI 96749
✓ C/D	MCCARTIN,DENNIS	P.O. BOX 280, KEAAU HI 96749
P	GARDNER,JERRY	P.O. BOX 280, KEAAU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**  
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 1, 2011

DEREK SHIMIZU

DEREK SHIMIZU

Date

Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)

Print Name

C/SYL

FILE NO. 40316 D2

Rev. 07/2010

2011 B18

B22



**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
V	DEREK SHIMIZU	HC3 BOX 4742, KEAAU HI 96749
D	MARTI MORISHIGE	BOX 1666, KEAAU HI 96749

0A1JN1/0011444EN

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

SI

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2010**

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.**

FRED MCCONNELL  
ORCHIDLAND COMM ASSN, INC.  
P.O. BOX 280  
KEAAU HI 96749

**3. List all officers and directors.**

Offices Held	Full Name	Address
P/D	HAWNEY, ROGER	HCR-1 BOX 4053, KEA'AU HI 96749
T/D	MCCONNELL, FRED	P.O. BOX 280, KEA'AU HI 96749
S/D	RALPH BOYEA	P.O. BOX 280, KEAAU HI 96749
D/ROAD CHAIR	DENNIS MCCARTIN	P.O. BOX 280, KEAAU HI 96749

CONTINUED ON OFFICERS ADDENDUM

**NO CHANGES**  
Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

C/SI

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 5, 2010	FRED MCCONNELL	FRED MCCONNELL
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 40316 D2  
Rev. 11/2008

2010 B18  
B22



02/05/2011 04:30:00

**OFFICERS ADDENDUM**

**Offices Held**

V/D

INTERIM DIRECTOR

**Full Name**

JERRY GARDNER

D'ARTAGNAN JOSEPHSON

**Address**

P.O. BOX 280, KEAAU HI 96749

P.O. BOX 280, KEAAU HI 96749

01125/0044012222

Received Business Registration Division 2009 APR 16 A 07:58

Department of Commerce and Consumer Affairs, State of Hawaii  
STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2009**

**CORPORATION NAME AND MAILING ADDRESS**

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

**Principal Office Address**

P O BOX 280  
KEAAU HI 96749

**1. Nature of Activities**

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

**2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.**

YEN CHIN  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU HI 96749

**3. List all officers and directors.**

Offices Held	Full Name	Address
T	CHIN, YEN	P.O. BOX 99, HILO HI 96721
D	SPURRELL-ROBINSON, DAWN	P.O. BOX 1923, PAHOA HI 96778
D	COYNE, ANDREW	GENERAL DELIVERY, KEA'AU HI 96749
P/D	HAWNEY, ROGER	HCR-1 BOX 4053, KEA'AU HI 96749

CONTINUED ON OFFICERS ADDENDUM

04/16/2009 13:57

<input checked="" type="checkbox"/>	<p><b>NO CHANGES</b> Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.</p>
-------------------------------------	--

**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 16, 2009	YEN CHIN	YEN CHIN
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 40316 D2  
Rev. 11/2008

2009 B18  
B22



**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
V	OWENS,WES	P.O. BOX 280, KEA'AU HI 96749
D	MCCONNELL,FRED	P.O. BOX 280, KEA'AU HI 96749

0112/0000110007

Received Business Registration Division 2008 APR 13 P 09:45

Department of Commerce and Consumer Affairs, State of Hawaii  
STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI 96811

JP

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2008

CORPORATION NAME AND MAILING ADDRESS

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

Principal Office Address

P O BOX 280  
KEAAU HI 96749

1. Nature of Activities

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.

YEN CHIN  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU HI 96749

3. List all officers and directors.

Offices Held	Full Name	Address
T	CHIN, YEN	P.O. BOX 99, HILO HI 96721
D	COYNE, ANDREW	GENERAL DELIVERY, KEA'AU HI 96749
P/D	HAWNEY, ROGER	HCR-1 BOX 4053, KEA'AU HI 96749
D	SPURRELL-ROBINSON, DAWN	P.O. BOX 1923, PAHOA HI 96778

CONTINUED ON OFFICERS ADDENDUM

08/13/2008 13:37:00



**NO CHANGES**  
 Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 13, 2008	YEN CHIN	YEN CHIN
C/JP	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name
Date		

FILE NO. 40316 D2  
Rev. 7/2007

2008 B18  
B22





**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
V	WES OWENS	P.O. BOX 280, KEA'AU HI 96749
D	FRED MCCONNELL	P.O. BOX 280, KEA'AU HI 96749

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Department of Commerce and Consumer Affairs, State of Hawaii  
STATE OF HAWAII

JY

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2007

CORPORATION NAME AND MAILING ADDRESS

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

Principal Office Address

P O BOX 280  
KEAAU HI 96749

1. Nature of Activities

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.

LISA TOSTENSON  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU HI 96749

3. List all officers and directors.

Offices Held	Full Name	Address
S	LISA TOSTENSON	HCR 1, BOX 5624, KEA'AU HI 96749
V	STARNES, STEVEN	P O BOX 1511, KEAAU HI 96749
T	YEN CHIN	P.O. BOX 99, HILO HI 96721
D	VALERIE BADON	P.O. BOX 111011, HILO HI 96721

CONTINUED ON OFFICERS ADDENDUM

<input type="checkbox"/>	<b>NO CHANGES</b> Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.
--------------------------	--

C/JY

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 16, 2007	YEN CHIN	YEN CHIN
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

04/16/2007 07:43:721

**OFFICERS ADDENDUM**

Offices Held	Full Name	Address
D/ROAD CHAIR	ANDREW COYNE	GENERAL DELIVERY, KEA'AU HI 96749
D	DEAN MONROE	P.O. BOX 111011, KEA'AU HI 96749
D	ROGER HAWNEY	HCR-1 BOX 4053, KEA'AU HI 96749
D	DAWN SPURRELL-ROBINSON	P.O. BOX 1923, PAHOA HI 96778

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DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$5.00

STATE OF HAWAII

Internet Filing

SD

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF: April 1, 2006

CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.

P O BOX 280  
KEAAU, HI 96749

If address of principal office differs from the above mailing address, state the address of the principal office.

P O BOX 280  
KEAAU, HI 96749

- 1. The following is a brief description of the nature of activities which the corporation is actually conducting.

NATURE OF ACTIVITIES

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

- 2. Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical.

BARBARA ARTHURS  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU, HI 96749 0280

04/27/2006 12:48:28

- 3. OFFICERS/DIRECTORS

Office Held/ Director Code	Name in Full	Address
S	ARTHURS, BARBARA	P O BOX 409 KURTISTOWN HI 96760 US
D	NOEL, CAROL	P O BOX 1359 KEA`AU HI 96749 US
D	CARDEN-MCDONALD, SHERRICR	1 BOX 4643 KEA`AU HI 96749 US
T	GARDNER, JERRY	HC1 BOX 4629 KEAAU, HI 96749
P	STARNES, STEVEN	PO BOX 1511 KEAAU, HI 96749
V	VACANT	
D	ELY, BOB	PO BOX 1539 KEAAU, HI 96749

NO CHANGES:

Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

C/SD

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

04/27/2006

JERRY GARDNER

Date \_\_\_\_\_

Signature \_\_\_\_\_

**FILE NO. 40316D2**  
Rev. 3/2004

007 67 0000/40170

DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$ 5.00

STATE OF HAWAII

RETURN ORIGINAL BY JUNE 30

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street

H SYL

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF APRIL 1, 2005  
CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

If the above mailing address has changed, line out and print change to the right.  
If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code: \_\_\_\_\_

1. The following is a brief description of the nature of activities which the corporation is actually conducting.

NATURE OF ACTIVITIES: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical.

BARBARA ARTHURS  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU HI 96749 0280

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of three officers.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P	PAWU, MYA	P O BOX 1707 KEA'AU HI 96749
V	EICH, ELLIE MIKE SMITH	HCR 1 BOX 5753 KEA'AU HI 96749
S	HAMMACK, NANCY BARBARA ARTHURS	HCR 1 BOX 4659 KEA'AU HI 96749
T	ARTHURS, BARBARA ELLIE EICH	P O BOX 409 KURTISTOWN HI 96760
D	GIBSON, DAVE	HCR 1 BOX 5705 KEA'AU HI 96749

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report)

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 6/29/05 Barbara Ann Arthur Barbara Ann Arthur  
C/SYL Signature of authorized officer, attorney-in-fact Print Name  
for an officer, or receiver or trustee  
(if the corporation is in the hands of a receiver or trustee)

FILE NO. 0040316D2  
Rev. 7/2004

B18  
2005 B22



File this Original  
(SEE REVERSE SIDE FOR INSTRUCTIONS)



07/11/200520055

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BUSINESS REGISTRATION  
DIVISION  
2005 JUL - 1 A  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII  
HCR 1 BOX 5753, KEA'AU, HI 96749  
P O BOX 409, KURTISTOWN, HI 96760  
HCR 1 BOX 5753, KEA'AU, HI 96749

DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$ 5.00

STATE OF HAWAII

RETURN ORIGINAL BY JUNE 30

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

H

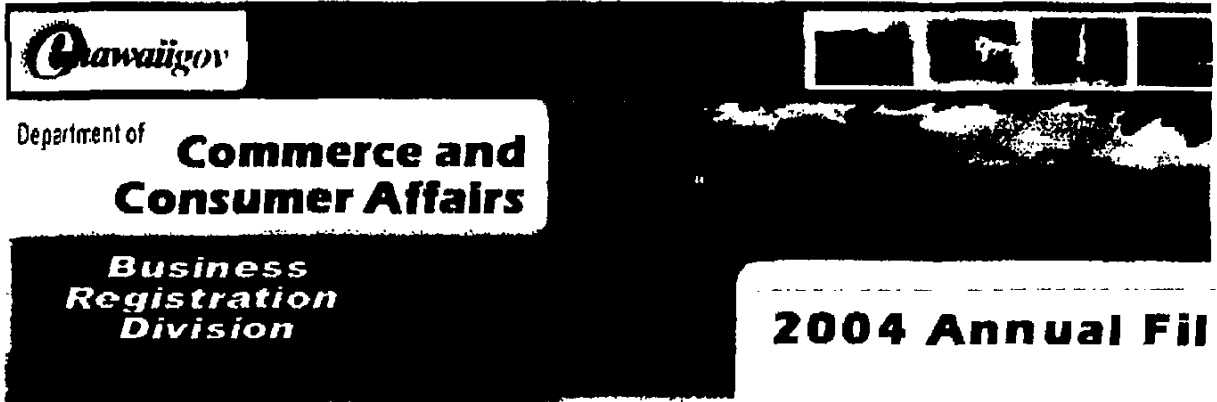
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF APRIL 1, 2005  
CORPORATE NAME: ORCHIDLAND COMMUNITY ASSOCIATION, INC.

CONTINUATION OF OFFICERS/DIRECTORS

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY), STATE & ZIP CODE
D	NOEL, CAROL	P O BOX 1359 KEA'AU HI 96749
D	SMITH, MIKE	P O BOX 1863 KEA'AU HI 96749
D	BROWN, IAN	P O BOX 1522 HILO HI 96721
D	<del>ROBINSON, DON</del>	<del>P O BOX 1923 PAHOA HI 96778</del>
D	CARDEN-MCDONALD, SHERRI	HCR 1 BOX 4643 KEA'AU HI 96749
D	LAPINSKI, JOE	HCR 1, BOX 5019, KEAAU, HI 96749
D	STARNES, STEVEN	P.O. BOX 1511; KEAAU, HI 96749

07/11/200520057



**INSTRUCTIONS:** Please review the information in red, then answer the question at the bottom of this page asking whether or not you want to make changes to the information, enter the signature of the authorized representative (see red italic text below the signature boxes for further clarification) at the bottom of this page, and click the 'Continue' button at the bottom of this page. If you would like to return to the login page, click the 'Log Out' button. For basic filing instructions, click [here](#).

05/18/200420325

DOMESTIC NONPROFIT CORPORATION  
 FILING FEE: \$6.00

**SD**

**STATE OF HAWAII**  
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
 BUSINESS REGISTRATION DIVISION  
 335 Merchant Street  
 Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI 96811

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF: April 1, 2004**

**RECEIVED**  
 MAY 18 2004  
 Dept. of Commerce & Consumer Affairs  
 STATE OF HAWAII

**CORPORATE NAME AND MAILING ADDRESS:**  
 ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
 P O BOX 280  
 KEAAU, HI 96749

If address of principal office differs from the above mailing address, state the address of the principal office.  
 P O BOX 280  
 KEAAU, HI 96749

(1) The following is a brief description of the nature of activities which the corporation is actually conducting.  
**NATURE OF ACTIVITIES**  
 COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

(2) Street address of the registered office in Hawaii and the name of the registered agent at that address:  
~~KIRSTIE GOWN~~ *Barbara Arthur*  
 ORCHIDLAND COMM ASSN, INC.  
 P O BOX 280  
 KEAAU, HI 96749 0280 ✓

(3) **OFFICERS/DIRECTORS**

Office Held/ Director Code	Name in Full	Address
P	PAW'U, MYA	P O BOX 1787 KEA'AU HI 96749 US
S	HAMMACK, NANACY	HC 1 BOX 4659 KEAAU HI 96749
T	<del>GOWN, KIRSTIE</del> <i>Barbara Arthur</i>	<del>P O BOX 1807</del> P.O. Box 409 KAHOOLAHI HI 96738 US Kauhalaun, HI. 96760

40316D2



V	<del>MINER, RICHARD</del> <i>Ellie Eich</i>	<del>P O BOX 1815</del> KEA'AU HI 96748 US	<i>HCR 1 Box 5753</i> <i>Keāau, Hi. 96749</i>
D	GIBSON, DAVE	HCR 1 BOX 6706 KEA'AU HI 96748 US	
D	<del>KEEHNE, CHARLES</del> <i>Carol Noel</i>	<del>18-4888 PAKOATHI WY</del> KEA'AU HI 96748 US	<i>P.O. Box 1359</i> <i>Keāau, Hi. 96749</i>
D	SMITH, MIKE	P O BOX 1863 KEA'AU HI 96748 US	
D	BROWN, JAN	P O BOX 1522 HILO HI 96721 US	
D	ROBINSON, DON	P O BOX 1923 PAHOA HI 96778 US	
D	<del>MANE, LARRY</del> <i>Sherri Corden-McDonald</i>	<del>P O BOX 1187</del> KEA'AU HI 96748 US	<i>HCR 1, Box 4643</i> <i>Keāau, Hi. 96749</i>

C/SD

Do you want to make changes to any of the information above?

YES, I WANT to make changes

NO, I DO NOT want to make changes.

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

Signature

*Sherri Corden-McDonald*

Enter the Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if corporation is in the hands of a receiver or trustee) in appropriate box above.

Continue

Log Out

05/18/2004 20327

DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$ 5.00

H SJ

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2003  
CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

If the above mailing address has changed, line out and print change to the right.

If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code:

1. The following is a brief description of the nature of activities which the corporation is actually conducting  
NATURE OF ACTIVITIES: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address.  
(See reverse for instructions.) (If any change, line out and print change on the right.)

KIRSTIE GOIN  
ORCHIDLAND COMM ASSN, INC.  
P O BOX 280  
KEAAU HI 96749 0280

05/21/200320100

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P	PAW'U, MYA	P O BOX 1707 KEA'AU HAWAII 96749
V	MINER, RICHARD	P O BOX 1615 KEA'AU HAWAII 96749
S	HAMMACK, NANCY	HC I BOX 4659 KEA'AU HAWAII 96749
T	GOIN, KIRSTIE	P O BOX 1667 PAHOA HAWAII 96778
D	GIBSON, DAVE	HCR 1 BOX 5705 KEA'AU HI 96749
D	KEEHNE, CHARLES	16-1656 PAHOA HWY KEA'AU HI 96749
D	SMITH, MIKE	P O BOX 1863 KEA'AU HAWAII 96749
D	BROWN, IAN	P O BOX 1522 HILO HI 96721
D	ROBINSON, DON	P O BOX 1923 PAHOA HAWAII 96778
D	MANES, LARRY	P O BOX 1157 KEA'AU HAWAII 96749

DEPT. OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
APR 22 2003

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any change made to this report.)

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

RECEIVED  
MAY 22 9 52 AM '03  
BUSINESS REGISTRATION DIVISION

DATE: 5-5-2003

*Kirstie Goin*

*Kirstie Goin*

SJ

FILE NO. 40316 D2

Rev. 1/2003

Signature of authorized officer, attorney-in-fact  
for an officer, or receiver or trustee  
(if the corporation is in the hands of a receiver or trustee)

Print Name

B18  
B22

File this Original  
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DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$5.00

Internet Filing  
Return original by MARCH 31  
Penalty for Late Filing

SSL

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2001

CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU, HI 96749

If address of principal office differs from the above mailing address, state the address of the principal office.

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS

COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

2. Street address of the registered office in Hawaii and the name of the registered agent at that address:

3. OFFICERS/DIRECTORS

Office Held/ Director Code	Name in Full	Address
D	STICKNEY, JAN	HCR 1 BOX 5605 KEEAU HI 96749
D	KEEGINE, CHARLES	16-1656 PAHOA HWY KEAAU HI 96749
D	KOBAYASHI, RAYMOND	747 PUKANA ST HILO HI 96720
P	SHERIDAN, JR, GEORGE	HC 1 BOX 5643 KEAAU, HI 96749
V	PAWU, MYA	PO BOX 1707 KEAAU, HI 96749-1707
S	HAMMACK, NANCY	HC 1 BOX 4659 KEAAU, HI 96749
T	MORISHIGE, MARTHA	PO BOX 1666 KEAAU, HI 96749
D	LARKIN, JIM	GENERAL DELIVERY KEAAU, HI 96749
D	GIBSON, DAVID	HC 1 BOX 5705 KEAAU, HI 96749
D	GOIN, KIRSTIE	GENERAL DELIVERY KEAAU, HI 96749

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

SSL/C

01/31/2002

GEORGE SHERIDAN

Date \_\_\_\_\_

Signature

**FILE NO. 40316D2**  
Rev. 1/2001

2007/0000/0010

DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$5.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

RETURN ORIGINAL BY MARCH 31  
PENALTY FOR LATE FILING

H CMI

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2000

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

If the above mailing address has changed, line out address and type or print the new address on the following line.  
Include City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.  
NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address  
(If any change, line out and print change on the right.)

OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
	ARTHURS, BARBARA	P O BOX 1133 KURTISTOWN HI 96760
	PAW'U, MYA	P O BOX 1270 PAHOA HI 96778
	STICKNEY, JAN	HCR 1 BOX 5605 KEAAU HI 96749
	MOCHIZUKI, JANET	HCR 1 BOX 4662 KEAAU HI 96749
	MALENDRES, JOSEPH	P O BOX 1018 PAHOA HI 96778
	BRICKER, MARIE	<del>P O BOX 1162 KEAAU HI 96749</del> <i>P.O. BOX 1157 KEAAU, HI 96749</i>
	LOEDING, DAVID	HCR 1 BOX 4604 KEAAU HI 96749
	CARTER, RON	<del>HCR 1 BOX 5636 KEAAU HI 96749</del> <i>116-1156 PAHOA HI KEAAU, HI 96749</i>
	SONGSTAD, KJELL	<del>HCR 1 BOX 5743 KEAAU HI 96749</del> <i>747 PUKAUA ST HILO, HI 96720</i>
	SHERIDAN, GEORGE JR	HCR 1 BOX 5643 KEAAU HI 96749
	GREEN, TEGEN	HCR 1 BOX 5640 KEAAU HI 96749

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 3-11-01

*Janet Mochizuki, TREASURER*

*JANET MOCHIZUKI*  
Print Name

CMI

FILE NO.0040316D2  
Rev. 1/2001

Signature of authorized officer, attorney-in-fact  
for an officer, or receiver or trustee  
(if the corporation is in the hands of a receiver or trustee)

B18  
B22

2000



File this original  
(SEE REVERSE SIDE FOR INSTRUCTIONS)



DOMESTIC NONPROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$5.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1999

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

DATE ID T SEQ# FILE# TRAN#  
00/03/17 B18 4 68 -LINE 4-1422  
TOTAL AMOUNT \$ 5.00  
40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.  
NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address (If any change, line out and print change on the right)

3. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P	ARTHURS, BARBARA	P O BOX 1133 KURTISTOWN HI 96760
V	PAW'U, MYA	P O BOX 1270 PAHOA HI 96778
S	STICKNEY, JAN	HCR 1 BOX 5605 KEAAU HI 96749
T	MOCHIZUKI, JANET	HCR 1 BOX 4662 KEAAU HI 96749
D	MALENDRES, JOSEPH	P O BOX 1018 PAHOA HI 96778
<del>D</del>	<del>FORD, DAVID</del>	<del>P O BOX 4602 HILO HI 96720</del>
<del>D</del>	<del>SIMS, DALE</del>	<del>P O BOX 205 KEAAU HI 96749</del>
D	CARTER, RON	HCR 1 BOX 5636 KEAAU HI 96749
<del>D</del>	<del>PREBLE, DENNIS</del>	<del>HCR 1 BOX 5658 KEAAU HI 96749</del>
<del>D</del>	<del>MAHONEY, LESLIE</del>	<del>P O BOX 1704 KEAAU HI 96749</del>

D	BRICKER, MARIE	P.O. BOX 1162	KEAAU, HI 96749
D	LOEDING, DAVID	HCR 1 BOX 4604	" " " "
D	SONGSTAD, KJELL	HCR 1 BOX 5743	" " " "
D	SHERIDAN, GEORGE JR.	HCR 1 BOX 5643	" " " "
D	GREEN, TEGEN	HCR 1 BOX 5640	" " " "

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BUSINESS REGISTRATION  
DIVISION  
MAR - 6 P 3:59  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 3-2-00

*Janet Mochizuki*  
AUTHORIZED SIGNATURE

TREASURER  
(TITLE)

JANET MOCHIZUKI  
PRINT/TYPE NAME AND TITLE OF SIGNER

TREASURER

FILE NO. 0040316D2  
Rev. 1/2000



(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

B18  
B22

DOMESTIC NONPROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$5.00

*Handwritten initials*

# STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

DATE 99/03/12 ID B18 T SEQ# 3 FILE# 139 TRAN# 4-2198  
TOTAL AMOUNT \$ 5.00  
40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

The following is a brief statement of the character of the affairs which the corporation is actually conducting:  
COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P	<del>HARRIS, DAVID</del> <del>ARTHURS, BARBARA</del>	<del>P O BOX 4674</del> <del>P.O. BOX 1133</del> <del>KEAAU HI 96749</del> <del>KURTISTOWN, HI 96760</del>
V	<del>STRAKA, JACK</del> <del>PAW U, MYA</del>	<del>HCR 3 BOX 14007</del> <del>P.O. BOX 1270</del> <del>KEAAU HI 96749</del> <del>PAHOA, HI 96778</del>
S	<del>DINGMORE, STAN</del> <del>STICKNEY, JAN</del>	<del>HCR 3 BOX 16574</del> <del>HCR 1 BOX 5605</del> <del>KEEAU HI 96749</del>
T	<del>ARTHURS, BARBARA</del> <del>MOCHIZUKI, JANET</del>	<del>P O BOX 1100</del> <del>HCR 1 BOX 4662</del> <del>KURTISTOWN HI 96760</del> <del>KEAAU, HI 96749</del>
D	<del>MCCRARY, PAT</del> <del>MALENDRES, JOSEPH</del>	<del>HCR 1 BOX 4635</del> <del>P.O. BOX 1018</del> <del>KEAAU HI 96749</del> <del>PAHOA, HI 96778</del>
D	<del>MGE, WALTER</del> <del>FORD, DAVID</del>	<del>HCR 1 BOX 5029</del> <del>P.O. BOX 4602</del> <del>KEAAU HI 96749</del> <del>HILO, HI 96720</del>
D	<del>SIMS, DALE</del>	<del>P O BOX 205</del> <del>KEAAU HI 96749</del>
D	<del>FISCHER, HERMAN</del> <del>DARTER, RON</del>	<del>HCR 1 BOX 4670</del> <del>5636</del> <del>KEAAU HI 96749</del>
D	<del>WILLMAN, MARK</del> <del>PREBLE, DENNIS</del>	<del>P O BOX 1444</del> <del>HCR 1 BOX 5658</del> <del>KEAAU HI 96749</del>
D	<del>MAHONEY, LESLIE</del>	<del>P O BOX 1704</del> <del>KEAAU HI 96749</del>
D	<del>MINER, RICHARD</del>	<del>HCR 1 BOX 1615</del> <del>KEAAU HI 96749</del>

RECEIVED  
BUSINESS REGISTRATION  
DIVISION-COUNTER  
FEB 26 12 49 PM '99  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

## CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

*Handwritten signature*

DATE: 2-21-99

*Handwritten signature: Janet Mochizuki*  
SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

TREASURER  
(OFFICE HELD)

FILE NO. 0040316D2  
Rev. 1/97



B18  
B22

DOMESTIC NONPROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$5.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P O BOX 280  
KEAAU HI 96749

DATE ID T SEQ# FILE# TRAN#  
98/03/06 812 3 117 -LINE 4-2088  
TOTAL AMOUNT \$ 5.00  
49316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P	<del>ROONEY, SHARON</del> HARRIS, DAVID	HCR 1 BOX 4855 P.O. BOX 1671 KEAAU HI 96749
*T	MINER, DICK ARTHUR, BARBARA	P.O. BOX 1645 P.O. Box 1133 KEAAU, HI 96749
*S	RAPOZO, BERNADETTE DINSMORE, STAN	P.O. BOX 11480 HCR 3 Box 13571 KEAAU HI 96749
*D	WOOD, VERNE MCCRARY, PAT	P.O. BOX 1247 HCR 1 Box 4695 KEAAU HI 96749
*D	PAULSEN, PAUL MOE, WALTER	HCR 1 BOX 5722 HCR 1 Box 5029 KEAAU, HI 96749
D	MCCRARY, PAT SIMS, DALE	HCR 1 BOX 4685 P.O. Box 205 KEAAU HI 96749
D	FISCHER, HERMAN	HCR 1 BOX 4670 KEAAU, HI 96749
D	DALTON, GARY WILLMAN, MARK	P.O. BOX 1024 P.O. Box 1141 KEAAU, HI 96749
D	HARRIS, DAVID MAHONEY, LEEGLIE	P.O. BOX 187105 P.O. Box 1704 KEAAU, HI 96749
D	MINER, RICHARD	HCR 1 Box 1615 KEAAU, HI 96749
V	STRAKA, JACK	HCR 3 Box 14007 KEAAU, HI 96749

RECEIVED  
BUSINESS REGISTRATION  
DIVISION-COUNTY  
HONOLULU, HAWAII  
FEB 26 7 19 AM '98  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
MAIL ROOM

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

KRM

DATE: 2/23/98

Barbara A. Arthur

Treasurer  
(OFFICE HELD)

FILE NO. 0040316D2  
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

B18  
B22





DOMESTIC NONPROFIT CORPORATION  
 MAKE CHECK PAYABLE TO:  
 FILING FEE: \$5.00

STATE OF HAWAII FEB 20 1997

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
 BUSINESS REGISTRATION DIVISION  
 1010 Richards Street

ORIGINAL-RETURN BY MARCH 31  
 PENALTY FOR LATE FILING

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:  
 ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
 P O BOX 280  
 KEAAU HI 96749

DATE ID T SEQ# FILE# TRAN#  
 97/04/18 B18 4 10 -LINE 4-4085  
 TOTAL AMOUNT \$ 5.00  
 40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
 (To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*S	LAINÉ, DANIEL	HCR 1 BOX 4007 KEAAU, HI 96749
*T	MINER, DICK	P.O. BOX 1615 KEAAU, HI 96749
*P	<del>WALTER MOE</del>	<del>HCR 1 BOX 4010 KEAAU HI 96749</del>
*D	WOOD, VERNE	P O BOX 1217 KEA'AU HI 96749
<del>GD</del>	PAULSEN, PAUL	HCR 1 BOX 5722 KEAAU, HI 96749
D	MOE, WALTER	HCR 1 BOX 5029 KEAAU, HI 96749
D	FISCHER, HERMAN	HCR 1 BOX 4670 KEAAU, HI 96749
D	NORRIS, RONNIE	PO BOX 1156 KEAAU, HI 96749
V	STICKNEY, JAN	HCR 1 BOX 5605 KEAAU, HI 96749
D	PAT McCRAHY	HCR 1 Box 4635 KEAAU HI 96749
D	GARY DALTON	PO Box 1824 KEAAU HI 96749
D	DAVID HARRIS	PO Box 1671 KEAAU HI 96749
S	BERNADETTE RAPOZO	<del>HCR 1 BOX 11490</del> HILO HI 96721
P	SHARON ROONEY	HCR 1 BOX 4655 KEAAU HI 96749

RECEIVED  
 BUSINESS REGISTRATION  
 DIVISION

RECEIVED  
 BUSINESS REGISTRATION  
 DIVISION  
 DEPARTMENT OF  
 COMMERCE AND  
 CONSUMER AFFAIRS  
 STATE OF HAWAII

FEB 23 10 03 AM '97

**CERTIFICATION**

I certify, under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 3/6/97

[Signature]  
 SIGNATURE OF AUTHORIZED OFFICER,  
 (if Attorney-in-fact signs, attach power of attorney)  
 (File this original. Photo copies not accepted.)  
 (see reverse side for instructions)

President  
 (OFFICE HELD)

FILE NO. 0040316D2  
 Rev. 1/97



B18  
 B22

DOMESTIC NONPROFIT CORPORATION  
CHECK REMITTANCE PAYABLE TO:  
FILING FEE: \$1.00

STATE OF HAWAII

FEB 14 1996

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810  
Your cancelled check is your receipt

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU HI 96749

DATE ID T SEQ# FILE# TRAN#  
96/04/17 B18 3 272 -LINE 4-1129  
TOTAL AMOUNT \$ 1.00  
40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give number, Street, City, State, and Zip Code:

The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
<del>S/T</del>	<del>STICKNEY, SUMMERS</del>	<del>HCR 1 BOX 5605 KEAAU, HI 96749</del>
<del>S</del>	<del>BAILEY, LUKE</del>	<del>HCR 1 BOX 5629 KEAAU, HI 96749</del>
<del>P S</del>	<del>LAINÉ, DANIEL</del>	<del>HCR 1 BOX 4607 KEAAU, HI 96749</del>
<del>D</del>	<del>MOULDS, JAMES</del>	<del>HCR 1 BOX 5710 KEAAU, HI 96749</del>
<del>D T/CS</del>	<del>MINER, DICK</del>	<del>P.O. BOX 1615 KEAAU, HI 96749</del>
<del>V P</del>	<del>BAILLIE, PAUL</del>	<del>HCR 1 BOX 4010 KEAAU HI 96749</del>
<del>D</del>	<del>MAHONEY, MICKEY</del>	<del>P O BOX 1704 KEAAU HI 96749</del>
<del>D</del>	<del>WOOD, VERNE</del>	<del>P O BOX 1217 KEAAU HI 96749</del>
<del>D</del>	<del>MOULE, PETER</del>	<del>HCR 2 BOX 10050 KEAAU HI 96749</del>

JUN 3 11 01 AM '96

CS	PAUL PAULSEN	HCR 1 BOX 5722	KEAAU HI 96749
<del>D</del>	<del>DAVID MC CRARY</del>	<del>HCR 1 BOX 4635</del>	<del>KEAAU HI 96749</del>
D	WALTER MOE	HCR 1 BOX 5029	KEAAU HI 96749
D	HERMAN FISCHER	HCR 1 BOX 4670	KEAAU HI 96749

D	RONNIE NORRIS	P.O. BOX 1156	KEAAU HI 96749
V	JAN STICKNEY	HCR 1 BOX 5605	KEAAU HI 96749

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: 3-20-96

*Paul D Baillie*  
SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

PRESIDENT  
(OFFICE HELD)

FILE NO. 0040316D2  
Rev. 12/95



B18  
B22

DOMESTIC NONPROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$1.00

# STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*msj*

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810  
Your cancelled check is your receipt

## DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU HI 96749

DATE FILED: 10/11/95  
9500-10-11  
TOTAL AMOUNT: 4031602

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)	
CS T	STICKNEY, SUMMERS	HCR1 BOX 5605	KEAAU, HI 96749
*D	<del>GOLDSTEIN, LYNNE E</del>	<del>S. D. BOX 5654</del>	<del>KEAAU, HI 96749</del>
*D	<del>FASCIANO, DENISE</del>	<del>P. O. BOX 542</del>	<del>KURTISTOWN HI 96760</del>
XX S	BAILEY, LUKE	HCR1 BOX 5629	KEAAU, HI 96749
*S	<del>LEAMAN, DENVER A.</del>	<del>S. D. BOX 5684</del>	<del>KEAAU, HI 96749</del>
XX P	LAINÉ, DANIEL	HCR1 BOX 4607	KEAAU, HI 96749
*D	MOULDS, JAMES	HCR1 BOX 5719	KEAAU, HI 96749
*T	<del>MCIVLER, NANCY D.</del>	<del>P. O. BOX 964</del>	<del>KEAAU, HI 96749</del>
*D	MINER, DICK	P. O. BOX 1615	KEAAU, HI 96749
V	Paul Baillie	HCR 1 Box 4010	Kea'au HI 96749
D	Mickey Mahoney	P.O. Box 1704	Kea'au HI 96749
D	Verne Wood	P.O. Box 1217	Kea'au HI 96749
D	Peter Houle	HCR 2 Box 10058	Kea'au HI 96749

MAR 0 12 00 PM '95

### CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: Mar 2nd 1995 Summers S. Stickney Treasurer-OLC/MC  
SIGNATURE OF AUTHORIZED OFFICER, (OFFICE HELD)  
(if Attorney-in-fact signs, attach power of attorney)

FILE NO. 0040316D2 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)



B18  
B22

DOMESTIC NONPROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$1.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt.

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU HI 96749

DATE: 02/20/94  
94/03/22 918  
TOTAL AMOUNT \$ 4031602

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

- 1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.  
NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

- 2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
<del>*D</del>	<del>BOYEA, RALPH C.</del>	<del>S.R. BOX 5628</del> KEAAU, HI 96749
*D	GOLDSTEIN, LYNN E.	S.R. BOX 5654 KEAAU, HI 96749
<del>+</del>	<del>ARMSTRONG, JOHN W.</del>	<del>S.R. BOX 5014</del> KEAAU, HI 96749
<del>+</del>	<del>BAILEY, LUKE</del>	<del>S.R. BOX 5629</del> KEAAU, HI 96749
<del>+</del>	<del>LEAMAN, DENVER A.</del>	<del>S.R. BOX 5654</del> KEAAU, HI 96749
<del>+</del>	<del>LAINÉ, DANIEL</del>	<del>S.R. BOX 4607</del> KEAAU, HI 96749
<del>+</del>	<del>MOORE, SHERRIE</del>	<del>S.R. BOX 5614</del> KEAAU, HI 96749
<del>CS/D</del>	<del>MCIVER, NANCY D.</del>	<del>P.O. BOX 964</del> KEAAU, HI 96749
*D	MINER, DICK	P.O. BOX 1615 KEAAU, HI 96749
CS	Stickney, Summers	HCRI Box 5605 KEAAU HI 96749
D	FASCIANO, DENISE	P.O. Box 542 Kula, HI 96760
D	MOULDS, JAMES	HCRI Box 5719 KEAAU HI 96749

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
MAR 4 1 47 PM '94  
DEPT. OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: Feb 20 1994  
Signature of Nancy D. McEver  
TREASURER  
SIGNATURE OF AUTHORIZED OFFICER, (OFFICE HELD)  
(if Attorney-in-fact signs, attach power of attorney)

FILE NO. 0040316D2 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)



1 of 2

B18  
B22



# Orchidland Community Association

Post Office Box 280 • Keaau, Hawaii 96749

## BOARD OF DIRECTORS

PRESIDENT Luke Bailey	HCR 1 BOX 5629 Kea'au Hawaii 96749	966-4066 (R)
VICE PRESIDENT Dan Laine	HCR 1 BOX 4607 Kea'au Hawaii 96749	966-46877 (R) 934-7300 (B)
TREASURER Nancy McIver	P.O. BOX 964 Kea'au Hawaii 96749	982-9031 (R) 935-0790 (B)
RECORDING SECRETARY Denver Leaman	HCR 1 BOX 5699 Kea'au Hawaii 96749	
CORRESPONDING SEC. Summers Stickney	HCR 1 BOX 5605 Kea'au Hawaii 96749	966-8553 (R)
Director Denise Fasciano	P.O BOX 542 Kurtistown Hawaii 96760	966-7285 (R) 935-6874 (B)
Director Lynne Goldstein	HCR 1 BOX 5654 Kea'au Hawaii 96749	966-8907 (R)
Director Richard Miner	P.O. BOX 1615 Kea'au Hawaii 96749	966-9875 (R)
Director James Moulds	HCR 1 BOX 5719 Kea'au Hawaii 96749	966-7594 (R)
Records Management Jason Wineinger	P.O. BOX 1060 Mt. View Hawaii 96774	968-8715 (R) 966-9892 (B) H.A.C.

RECEIVED  
 BUSINESS REGISTRATION  
 DIVISION  
 MAR 27 1994  
 935-0790  
 HONOLULU  
 HAWAII

## TERMS

1991 - 1994	Lynne Goldstein Denver Leaman Summers Stickney
1992 - 1995	Luke Bailey Nancy McIver Richard Miner
1993 - 1996	Denise Fasciano Dan Laine James Moulds

REV. 10/7/93 sss

2 of 2

DOMESTIC NONPROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$1.00

# STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

## DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU HI 96749

DATE TO BE FILED TRANS  
93/03 12 312 7 709 -LINE 4-1152  
TOTAL AMOUNT \$ 1.00  
4031502

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION  
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*D	BOVEA, RALPH C	S.R. BOX 5626 KEAAU HI 96749
*V	<del>WILLMAN, MARK C</del>	<del>P.O. BOX 1141</del> KEAAU HI 96749
*S D	GOLDSTEIN, LYNNE E	S.R. BOX 5654 KEAAU HI 96749
*T	ARMSTRONG, JOHN W	S.R. BOX 6014 KEAAU HI 96749
*D VP	BAILEY, LUKE	S.R. BOX 5629 KEAAU HI 96749
*P	LEAMAN, DENVER A	S.R. BOX 5654 KEAAU HI 96749
*D	LAINÉ, DANIEL	S.R. BOX 4607 KEAAU HI 96749
*D	<del>VIDUNAS, GAILA</del>	<del>SR 5628</del> KEAAU HI 96749
*D	MOORE, SHERRIE	SR 6014 KEAAU HI 96749
CSP	McIVER, NANCY D. <del>Corresponding Secretary</del>	Po Box 904 KEAAU, HI 96749
D.	MINER, DICK	Po Box 1615 Keauu HI 96749

SEP 27 11 01 AM '93  
BUSINESS REGISTRATION DIVISION

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FEB 26 8 55 AM '93  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

## CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: Feb. 18, 1993

Nancy D. McIver  
SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)

Corresponding Secy  
(OFFICE HELD)

FILE NO. 0040316D2 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)

B18  
B22





DOMESTIC NONPROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$1.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU, HI 96749

DATE ID T SEQ# FILE# TRAN#  
92/04/08 B18 3 73 -LINE 4- 79  
TOTAL AMOUNT \$ 1.00  
40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State, and Zip Code:

1. The following is a brief statement of the character of the affairs which the corporation is actually conducting.

NATURE OF AFFAIRS: COMMUNITY ORGANIZATION FOR ORCHIDLAND ESTATES SUBDIVISION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. OFFICERS/DIRECTORS: (List all officers/directors. Every corporation must have a minimum of two individuals as officers. There must be a minimum of three directors and at least one must be a resident of Hawaii.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*D	BOYEA, RALPH C	S.R. BOX 5626 KEAAU HI 96749
*V	WILLMAN, MARK C	P O BOX 1141 KEAAU HI 96749
*S	GOLDSTEIN, LYNNE E	S.R. BOX 5654 KEAAU HI 96749
*T	ARMSTRONG, JOHN W	S.R. BOX 6014 KEAAU HI 96749
*D	BAILEY, LUKE	S.R. BOX 5629 KEAAU HI 96749
*D	LEAMAN, DENVER A	<del>SR BOX 568</del> SR 5654 <del>PARUA HI 96778</del> Keaau HI 96749
*D	LAINÉ, DANIEL	S.R. BOX 4607 KEAAU HI 96749
*D	VIDUNAS, GAILA	SR 5628 KEAAU HI 96749
*D	MOORE, SHERRIE	SR 6014 KEAAU HI 96749

MAR 23 12 22 PM '92

CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: 03/18/92

*[Signature]*  
SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)

Secretary  
(OFFICE HELD)

FILE NO. 0040316D2  
Rev. 12/90

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DOMESTIC NONPROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$1.00

# STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

## DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990

CORPORATE NAME AND MAILING ADDRESS:  
ORCHIDLAND COMMUNITY ASSOCIATION, INC.  
P. O. BOX 280  
KEAAU, HI 96749

DATE ID T SEQ# FILE# TRAN#  
91/07/01 B18 3 61 -LINE 4- 60  
TOTAL AMOUNT \$ 1.00  
40316D2

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

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(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

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OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P	BOYEA, RALPH C	S. R. BOX 5626 KEAAU HI 96749
*V	WILLMAN, MARK C	P O BOX 1141 KEAAU HI 96749
*S	GOLDSTEIN, LYNNE E	S. R. BOX 5654 KEAAU HI 96749
*T	ARMSTRONG, JOHN W	S. R. BOX 6014 KEAAU HI 96749
*D	BAILEY, LUKE	S. R. BOX 5629 KEAAU HI 96749
<del>*D</del>	<del>FURTADO, KATHLEEN</del>	<del>S. R. BOX 5688 KEAAU HI 96749</del>
*D	LAINÉ, DANIEL	S. R. BOX 4607 KEAAU HI 96749
	<del>*SEE-RPT-FOR-ADD'L-Off/DIR</del>	
D	Leaman, Denver A.	P.O. Box 888 Pahoa, Hawaii 96778
D	Vidunas, Gaila	S.R. 5628 Keaau, Hawaii 96749
D	Moore, Sherrie	S.R. 6014 Keaau, Hawaii 96749

APR 14 1991  
COMMERCIAL AFFAIRS  
STATE OF HAWAII

### CERTIFICATION

I certify under the penalties of Section 415B-158, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- The above information is true and correct and no changes are necessary.
- The above information is true and correct with changes so noted.

DATE: 03/21/91

SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)

Secretary  
(OFFICE HELD)

FILE NO. 0040316D2 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
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