DAVID Y. IGE GOVERNOR

JOSH GREEN LIEUTENANT GOVERNOR



CATHERINE P. AWAKUNI COLÓN DIRECTOR

AHLANI K. QUIOGUE

STATE OF HAWAII **REAL ESTATE BRANCH** PROFESSIONAL AND VOCATIONAL LICENSING DIVISION DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS KING KALAKAUA BUILDING 335 MERCHANT STREET, ROOM 333 HONOLULU, HAWAII 96813 <u>http://www.hawaii.gov/hirec</u>

April 23, 2021

## **MEMORANDUM**

TO: Association of Unit Owners (AOUO)

FROM: Real Estate Commission (Commission)

SUBJECT: Change of Information on the Condominium Association Registration Application

\_\_\_\_\_

It is important that the information on your Condominium Association Biennial Registration Application is correct.

Many individuals and groups, including the Commission, legislators, unit owners and board members, condominium managing agents, prospective purchasers, lending institutions and title companies rely on the association registration for current information. For this reason it is important that the information on the registration form remain current and is reliable. Current contact information and addresses are especially important.

The law requires that the AOUO immediately report in writing to the Commission any changes to the information contained in the registration or re-registration application, on the evidence of fidelity bond coverage, or on any other documents requested by the Commission. Failure to do so may result in termination of the registration and require the AOUO to register again and pay additional fees.

Enclosed is a Condominium Association Information Update Form to report changes. Please indicate the change(s) on the enclosed form. Feel free to copy the form and use it for reporting any future changes.

Your continuing cooperation and assistance in these matters are appreciated.

## CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to:	DCCA – P&VLD Real Estate Commission 335 Merchant Street, Room 333 Honolulu, HI 96813	
Name of Condominium A	Registration #:	
The information provided previously provided to th	and replaces the information ommission").	
Please indicate the chang	ge being reported:	
Names and positions of	of the officers of the association (P	resident, Secretary and Treasurer required):
Designated officer of th	he association who can be contact	ted directly:
Name:		Title:
Officers Public Add	ress:	
Email Address:		Telephone Number:
Management status: (	Check ONE only and fill in corresp	ponding information)
Self-managed by t	the Association of Unit Owners (A	OUO)
Name of Manage	er:	Title:
Address:		
Email Address:		Talanhana Numbar:
Managed by Conc	dominium Managing Agent	
Name:		RB License Number:
Contact Person:		Title:
Email Address:		Telephone Number:
Contact designation (ir Commission:	ndividual) to receive all AOUO corr	respondence (except bulletins) and telephone calls from the
Name of Manage	er:	Title:
Address:		
Email Address:		Tolophono Numbor:

Individual responsible for policy to provide reasonable access to persons authorized to serve civil process:

Name:	Telephone No.:		
Title:			
Alternate Name:	Telephone No.:		
Title:			
I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct.			
Signature of association officer, developer or 100% sole owner of condominium project			

Check one only:	Date
<ul> <li>President</li> <li>Vice - President</li> <li>Secretary</li> <li>Tr</li> <li>Developer or Developer's Agent registering for unorganiz</li> <li>100% Sole Owner of Condominium Project</li> </ul>	easurer red association