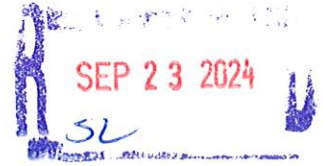


September 23, 2024

To: HPPOA Office  
15-1570 Maku'u Drive  
Kea'au, HI 96749



From: Julie Rice (Strickler)  
HC 2 Box 6615A  
Kea'au, HI 96749

RE: Relinquishment of Membership

To Whom it May Concern:

Per HPPOA Bylaws Article VI, Section 1(a), "Lot owners may decline membership in writing only, addressed to the HPPOA office." Please accept this letter as notice that I, Julie Rice, am relinquishing my membership in Hawaiian Paradise Park Owners' Association. I am aware that this act does not excuse me from payment of Road Assessments, nor can the association deny my right to vote in affairs of the association, such as elections, membership meetings, bylaws amendments, recall petitions, etc. This shall apply to the addresses/TMK's below:

Address: 15-1839 4<sup>th</sup> Avenue, Kea'au, HI 96749 TMK: 150561110000

Address: Lot 2543 4<sup>th</sup> Avenue, Kea'au, HI 96749 TMK: 150561100000

Feel free to contact me at the number or e-mail address below with any questions or concerns.

Thank you,

A handwritten signature in black ink, which appears to be "Julie Rice", is written over the "Thank you," text.

Julie Rice  
(808) 333-6049  
Juliemichelle84@gmail.com



5b will not apply to this Decline/Relinquish Form. It having been submitted during the June 30, 2024 owner/member meeting. 5c will apply, following this form's submittal to the HPPOA office, by the board president (or other board member) on July 1, 2024. After which the HPP owner will be notified by phone or email that their form has been processed.

VOLUNTARY DECLINE/RELINQUISHMENT  
OF HAWAIIAN PARADISE PARK OWNERS

SEP 23 2024  
SL

OWNER(S)

JULIE RICE (STRICKLER)

DECLINE/RELINQUISHMENT OF VOLUNTARY  
MEMBERSHIP

TMK NUMBER(S)

15056110000

15056110000

(For additional information, please attach additional paper)

(For additional information, please attach additional paper)

I. STATEMENT:

The Owner(s) of the above captioned Hawaiian Paradise Park properties, are requesting that the Hawaiian Paradise Park Association (HPPOA) certify this DECLINE/RELINQUISHMENT OF VOLUNTARY MEMBERSHIP FORM.

II. OWNERS INFORMATION:

1. Mailing Address: HC2 BOX 6015A

KEA'AU

City

HI

State

96749

Zip Code

2. Phone: 808-333-6049

3. Email: JULIEMICHELLE@GMAIL.COM

4. Do you have any outstanding debts to HPPOA?

YES

NO

Please specify: N/A

(For additional information, please attach additional paper)

\*\*\*PLEASE NOTE there are TWO SIDES TO THIS DOCUMENT\*\*\*

