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THE COUNTY CLERK
COUNTY OF KAUAI

LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME					
Last	First	Middle			
Miller, Maile S.					
BUSINESS MAILING ADDRESS		Street	City	State	Zip Code
733 Bishop Street, Suite 1900, Honolulu, HI 96813					
TELEPHONE NO.			E-MAIL		
(808) 537-6100			mmiller@starnlaw.com		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Princeville at Hanalei Community Association					
BUSINESS MAILING ADDRESS		Street	City	State	Zip Code
P.O. Box 223277, Princeville, HI 96722					
BUSINESS TELEPHONE NO.					
(808) 826-6687					

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s)) -

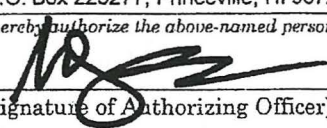
SOF-XI KAUAI PV GOLF, L.P.'s application for a Project Development Use Permit, Use Permit, and Class IV Zoning Permit concerning property located at Princeville and Hanalei, Halalea, Kaua'i, Hawai'i, identified as TMK Nos. 5-4-006:003,005 and 006 (Kaua'i Planning Department / Kaua'i Planning Commission).

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

	12/9/21
(Signature of Lobbyist)	(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
Maylette Garces	General Manager				
NAME OF ORGANIZATION (if applicable)				TELEPHONE NO.	
Princeville at Hanalei Community Association				(808) 826-6687	
ADDRESS OF ORGANIZATION OR PERSON		Street	City	State	Zip Code
P.O. Box 223277, Princeville, HI 96722					
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>					
				12/3/2021	
(Signature of Authorizing Officer)				(Date)	