



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.

<i>(Type or Print Clearly)</i>				
NAME	Last	First	Middle	
Strona, Sara S. T.				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
733 Bishop Street, Suite 1900, Honolulu, HI 96813				
TELEPHONE NO.	E-MAIL			
(808) 537-6100	sstrona@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				

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OFFICE OF THE COUNTY CLERK
COUNTY OF KAUAI

SUBJECT AREAS OF LOBBYING

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

- (1) Bill No. 2822 (Kauai County Council); and
- (2) 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, Kauai, Hawaii, identified by TMK Nos. (4) 5-4-006:003,005 and 006 (Kauai Planning Department / Kauai Planning Commission).

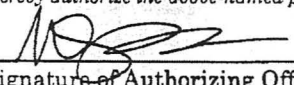
CERTIFICATION OF LOBBYIST

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


6/23/2021

 (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>				
 _____ (Signature of Authorizing Officer)			6/21/2021 _____ (Date)	