


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 740665
 1. Entity Name
 GULF KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 540 NEPTUNE AVE., #1 STE 6 LONGBOAT KEY, FL 34228 US	Mailing Address 540 NEPTUNE AVE., #1 STE 7 LONGBOAT KEY, FL 34228 US
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1764848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACINNES, KAREN
 540 NEPTUNE AVE., #1
 LONGBOAT KEY, FL 34228

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAC INNES, KAREN 540 NEPTUNE AVE. #1 LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AULT, BARBARA 540 NEPTUNE AVE #8 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ELLIS, GUY 540 NEPTUNE AVE #7 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guy T. Ellis Date: 4/15/07 Daytime Phone #: 941-377-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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