## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 747629

1. Entity Name

KEY TOWNHOUSE CONDOMINIUM, INC.



Principal Place of Business

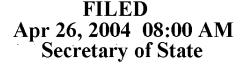
230 SUNRISE DRIVE

UNIT 5 KEY BISCAYNE, FL 33149 Mailing Address

230 SUNRISE DRIVE

UNIT 5

KEY BISCAYNE, FL 33149





#### DO NOT WRITE IN THIS SPACE

04202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0908264

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCURATE ACCOUNTING 660 LINTON BLVD #207 DELRAY BEACH, FL 33444

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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.

Signature, "yiped or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2004 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000132881 04/27/04-80064-013 61.

OFFICERS AND DIRECTORS 10. TITLE NAME COPPOLA, MICHAEL STREET ADDRESS 230 SUNRISE DRIVE, UNIT 3 CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME GALLAGHER, VIVIAN STREET ADDRESS 230 SUNRISE DRIVE, UNIT 5 CITY ST-ZIP KEY BISCAYNE, FL 33149 BILE NAME CANO, MICHAEL STREET ADDRESS 7925 S.W. 79 TERRACE CITY ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CHY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 reselver 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 chapter is a factor of the corporation of the corp

SIGNATURE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 AFR 04

305-361-0523

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Daytime Phone **₹**