


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 747629 1. Entity Name KEY TOWNHOUSE CONDOMINIUM, INC.	
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Principal Place of Business 230 SUNRISE DRIVE UNIT 5 KEY BISCAVNE, FL 33149	Mailing Address 230 SUNRISE DRIVE UNIT 5 KEY BISCAVNE, FL 33149
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04202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0908264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000132881  
 04/27/04-90064-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COPPOLA, MICHAEL 230 SUNRISE DRIVE, UNIT 3 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GALLAGHER, VIVIAN 230 SUNRISE DRIVE, UNIT 5 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CANO, MICHAEL 7925 S.W. 79 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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)(f), 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:  **22 APR 04** **305-361-0523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #