


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90006 044 ****61.25

DOCUMENT # 747629			
1. Entity Name KEY TOWNHOUSE CONDOMINIUM, INC.			
Principal Place of Business 230 SUNRISE DRIVE UNIT 5 KEY BISCAZYNE, FL 33149		Mailing Address 1101 N. CONGRESS AVE #204 BOYNTON BEACH, FL 33426	
2. Principal Place of Business		3. Mailing Address <i>Asselta + McGahey</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>639 E. Ocean Ave #101</i>	
City & State		City & State <i>Boynton Bch</i>	
Zip	Country	Zip	Country
		<i>FL</i>	<i>33435</i>
4. FEI Number 65-0908264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCURATE ACCOUNTING AFFILIATES, INC 1101 N. CONGRESS AVE #204 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name <i>Asselta + McGahey</i> Street Address (P.O. Box Number is Not Acceptable) <i>639 E Ocean Ave Ste 101</i> City <i>Boynton Bch</i> FL Zip Code <i>33435</i>	
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 <i>Joseph R Asselta</i>		DATE <i>3/7/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, MICHAEL	NAME	
STREET ADDRESS	230 SUNRISE DRIVE, UNIT 3	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, VIVIAN	NAME	
STREET ADDRESS	230 SUNRISE DRIVE, UNIT 5	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANO, MICHAEL	NAME	
STREET ADDRESS	7925 S.W. 79 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Joseph R Asselta</i>		DATE: <i>3/7/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	