

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# 747629

Entity Name: KEY TOWNHOUSE CONDOMINIUM, INC.

Current Principal Place of Business:

230 SUNRISE DRIVE
UNIT 5
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

ASSELTA MCGUEY
639 E OCEAN AVE 101
BOYNTON BEACH, FL 33435

New Mailing Address:

ASSELTA MCGOEY
639 E OCEAN AVE 101
BOYNTON BEACH, FL 33435

FEI Number: 65-0908264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCURATE ACCOUNTING AFFILIATES, INC
ASSELTA MCGAEY
639 E OCEAN AVE STE 101
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

ACCURATE ACCOUNTING AFFILIATES, INC
ASSELTA MCGOEY
639 E OCEAN AVE STE 101
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: _____ Date: 04/27/2007
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPPOLA, MICHAEL
Address: 230 SUNRISE DRIVE, UNIT 3
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: GALLAGHER, VIVIAN
Address: 230 SUNRISE DRIVE, UNIT 5
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: CANO, MICHAEL
Address: 7925 S.W. 79 TERRACE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COPOLLA PD 04/27/2007
Electronic Signature of Signing Officer or Director Date