

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT.# 747629

1. Entity Name
KEY TOWNHOUSE CONDOMINIUM, INC.



FILED

2007 SEP 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
230 SUNRISE DRIVE
UNIT 5
KEY BISCAZYNE, FL 33149

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
Guy Strum, P.A.
8211 W. Broward Blvd #430

Suite, Apt. #, etc.

City & State
Plantation, FL

Zip
33324

Country
USA

08232007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
Name: Patrick Callagher
Street Address (P.O. Box Number is Not Acceptable): 230 SUNRISE DRIVE #5
City: Key Biscayne FL Zip Code: 33149

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: Patrick Callagher (Signature, typed or printed name of registered agent and title if applicable.)
Patrick Callagher (NOTE: Registered Agent signature required when registering.)
9/25/07 (DATE)

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPOLA, MICHAEL 230 SUNRISE DRIVE, UNIT 3 KEY BISCAZYNE, FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLAGHER, VIVIAN 230 SUNRISE DRIVE, UNIT 5 KEY BISCAZYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANO, MICHAEL 7925 S.W. 79 TERRACE MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Patrick Gallagher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Sunrise Drive Unit 5 Key Biscayne FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vivian Gallagher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Sunrise Drive, Unit 6 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Laura Morgan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Sunrise Drive Unit 8 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patrick Callagher (Signature)
8/26/07 (Date)
305/781-3386 (Daytime Phone #)

1030