

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90389 014 \*\*\*\*61.25

0026668

**DOCUMENT # 747629**

1. Entity Name  
**KEY TOWNHOUSE CONDOMINIUM, INC.**



Principal Place of Business      Mailing Address

**230 SUNRISE DRIVE  
UNIT 5  
KEY BISCAZYNE FL 33149**

**230 SUNRISE DRIVE  
UNIT 5  
KEY BISCAZYNE FL 33149**

**11039322**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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**

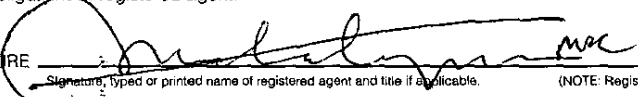
7. Name and Address of New Registered Agent

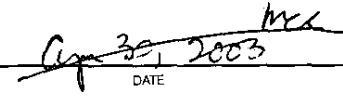
Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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  (NOTE: Registered Agent signature required when reinstating)

Date **Apr 30, 2003** 

**FILE NOW: FEE 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          | PD                               | <input type="checkbox"/> Delete |
| NAME           | <b>COPPOLA, MICHAEL</b>          |                                 |
| STREET ADDRESS | <b>230 SUNRISE DRIVE, UNIT 3</b> |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAZYNE FL 33149</b>    |                                 |
| TITLE          | TD                               | <input type="checkbox"/> Delete |
| NAME           | <b>GALLAGHER, VIVIAN</b>         |                                 |
| STREET ADDRESS | <b>230 SUNRISE DRIVE, UNIT 5</b> |                                 |
| CITY-ST-ZIP    | <b>KEY-BISCAZYNE FL 33149</b>    |                                 |
| TITLE          | SD                               | <input type="checkbox"/> Delete |
| NAME           | <b>CANO, MICHAEL</b>             |                                 |
| STREET ADDRESS | <b>7925 S.W. 79 TERRACE</b>      |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33143</b>            |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 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  **SIGNATURE REQUIRED**

30 Apr 03      305-807-2512

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)