

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90033 038 ****61.25

DOCUMENT # 748350

1. Entity Name

KEY MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% RESOURCE PROPERTY MGMT.
 5901 SUN BLVD., STE 200
 ST PETERSBURG FL 33715
 US

% RESOURCE PROPERTY MGMT.
 5901 SUN BLVD., STE 200
 ST PETERSBURG FL 33715
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2021280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESOURCE PROPERTY MANAGEMENT
 5901 SUN BLVD., STE 200
 ST PETERSBURG FL 33715

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCANLESS, WALT	
STREET ADDRESS	3123 29TH AVE N. #207	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VANCE, HARRY	
STREET ADDRESS	3121 28TH AVE N #105	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPMAN, MARY	
STREET ADDRESS	3101 56TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GAYLE BARNES	
STREET ADDRESS	3120 29TH AVE N. #101	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, CHARLES	
STREET ADDRESS	3148-30TH AVE NO. #103	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3123 29th Avenue North #B-207	
CITY-ST-ZIP	St Petersburg FL 33713	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	131 Middle Nine Mile Rd	
CITY-ST-ZIP	Southside WV 25187	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3121 28th Ave North #F-103	
CITY-ST-ZIP	St Petersburg FL 33713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Barnes	
STREET ADDRESS	3120 29th Avenue North #E-101	
CITY-ST-ZIP	St Petersburg FL 33713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3123 29th Avenue North #B-101	
CITY-ST-ZIP	St Petersburg FL 33713	
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: *Walt McCanless*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

546-2913
 Daytime Phone #

CR2E037 (9/01)