


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90016 033 \*\*\*\*61.25

<b>DOCUMENT # 748350</b>					
1. Entity Name KEY MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % RESOURCE PROPERTY MGMT. 5901 SUN BLVD., STE 200 ST PETERSBURG, FL 33715 US			Mailing Address % 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
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	MCCANLESS, WALT		NAME		
STREET ADDRESS	3123 29 AVE N B207		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANCE, HARRY		NAME		
STREET ADDRESS	131 MIDDLE NINE MILE RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHSIDE, WV 25187		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISHARD, BRYAN L		NAME		
STREET ADDRESS	3147 29TH AVE. NORTH, C205		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BOMAKA, ROBIN</del> <i>McNamara</i>		NAME	<i>Robin McNamara</i>	
STREET ADDRESS	3143 28TH AVE. N #107		STREET ADDRESS	<i>3143 28th Ave N #107</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	<i>St. Petersburg, FL 33713</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNES, TIM		NAME	<i>Gail Barnes</i>	
STREET ADDRESS	3120 29TH AVE. NORTH, E101		STREET ADDRESS	<i>3120 29th Ave N # E101</i>	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713		CITY-ST-ZIP	<i>St. Petersburg, FL 33713</i>	
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 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: <i>Walt McCannless</i>		Date: <i>2/6/04</i>		Daytime Phone #: <i>546-2913</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



02042004 Chg-NP CR2E037 (10/03)