

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748350

FILED
Apr 10, 2006
Secretary of State

Entity Name: KEY MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2021280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCANLESS, WALT,
Address: 3123 29 AVE N B207
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S (X) Delete
Name: VANCE, HARRY
Address: 131 MIDDLE NINE MILE RD
City-St-Zip: SOUTHSIDE, WV 25187

Title: D () Delete
Name: MCNAMARA, ROBIN
Address: 3143 28TH AVE. N #107
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: BARNES, GAIL
Address: 3120 29TH AVE. NORTH, E101
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MCNAMARA, ROBIN
Address: 3143 28TH AVE. N #107
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T (X) Change () Addition
Name: BARNES, GAIL
Address: 3120 29TH AVE. NORTH, E101
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA KISER

MGR

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date