

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 032 ****61.25

DOCUMENT # 762871 1. Entity Name COON KEY PASS FISHING VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 611 PALM AVE.EAST P.O.BOX 786 GOODLAND FL 33933-9998		Mailing Address 611 PALM AVE.EAST P.O.BOX 786 GOODLAND FL 33933-9998			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2524676	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORRIS, WILLIAM G 247 N. COLLIER BLVD. SUITE 202 MARCO ISLAND FL 34145			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCURDY, DONALD COBBLE HILL FARM NEW HARTFORD CT 06057	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KEIRN, SUSAN 611 E. PALM AVE PO BOX 755 GOODLAND FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEATTIE, DIANE 611 E. PALM AVE PO BOX 747 GOODLAND FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAY, ARNOLD 611 E PALM AVE PO BOX 127 GOODLAND FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHIMER, STEVEN 2007 MAIN ST. PO BOX 869 BREWSTER MA 02631	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan I. Keirn **SUSAN I. KEIRN** - 1/24/06 - 239-394-5997