2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005574

FILED Apr 18, 2006 Secretary of State

Entity Name: KEY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809

FEI Number: 59-3701631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FURLOW, REBECCA

1633 EAST VINE STREET., #10

KISSIMMEE, FL 34744 US

LELAND MANAGEMENT

8009 SOUTH ORANGE AVENUE
ORLANDO, FL 32809 US

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: REBECCA FURLOW 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete
 Title:
 P (X) Change () Addition

 Name:
 BLAKE, PHILLIP
 Name:
 OTTINO, NANCY A

 Address:
 259 MINORCA BEACH WAY # 703
 Address:
 672 SANDY NECK LANE #204

Address: 259 MINORCA BEACH WAY # 703 Address: 6/2 SANDY NECK LANE #204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete Title: VP (X) Change () Addition Name: OTTINI, NANCY Name: BLAKE, PHILLIP E

Address: 672 SANDY NECK LN #204 Address: 259 MINORCA BEACH WAY #703

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST () Delete Title: () Change () Addition Name: MORRIS, KRISTINE Name:

 Name:
 MORKIS, KRISTINE
 Name:

 Address:
 701 SEABROOK COURT # 102
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

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: NANCY OTTINO P 04/18/2006