

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90373 016 *****61.25

DOCUMENT # N01000005574

1. Entity Name

KEY WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O REALTY RESOURCE
128 E. COLONIAL DR.
ORLANDO FL 32801

Mailing Address

C/O REALTY RESOURCE
128 E. COLONIAL DR.
ORLANDO FL 32801

2. Principal Place of Business

1633 E. Vine St.

3. Mailing Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number **59-3701631**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABETI, MANSOUR MAX
128 E. COLONIAL DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Rebecca Forlow**

Street Address (P.O. Box Number is Not Acceptable)

1633 E. Vine St., #110

City

Kissimmee

FL

Zip Code

34744

8. The above named entity submits this statement for the obligations of registered agent.

ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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

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

TITLE **DP** ☐ Delete
NAME **SABETI, MANSOUR MAX**
STREET ADDRESS **128 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DS** ☐ Delete
NAME **ANDRE, ANNETTE**
STREET ADDRESS **128 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DT** ☐ Delete
NAME **IDUATE, ARMANDO**
STREET ADDRESS **128 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/5/03

835-1369

CR2E037 (10/02)