


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 039 ****61.25

DOCUMENT # N04000001553

1. Entity Name
COURTYARD OF KEY WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
910 SIMONTON STREET #6 KEY WEST, FL 33040

Mailing Address
PO BOX 1232 KEY WEST, FL 33040

40003186



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
06-1728946

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVAN, DIANE T ESQ.
1901 FOGARTY AVENUE SUITE 1
KEY WEST, FL 33040

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

Filing Fee is \$61.25 Due by May 1, 2008

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 PD Delete
 NAME KEENAN, TERANCE
 STREET ADDRESS 1021 WATSON STREET
 CITY-ST-ZIP KEY WEST, FL 33040

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME SAVIANO, MICHAEL
 STREET ADDRESS 11498 HEATHERWOOD COURT
 CITY-ST-ZIP UTICA, MI 48315

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HARTER, ROBYN
 STREET ADDRESS 20393 COCKERILL ROAD
 CITY-ST-ZIP PURCELLVILLE, VA 20132

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME MCKENZIE, PAMELA
 STREET ADDRESS PO BOX 1232
 CITY-ST-ZIP KEY WEST, FL 33041

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

TITLE SD Delete
 NAME MCAFFRY, VANESSA
 STREET ADDRESS 100 GRINNELL ST
 CITY-ST-ZIP KEY WEST, FL 33040

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

TITLE Delete
 NAME
 STREET ADDRESS
 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 exemptions contained 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 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: Pam McKenzie Pam McKenzie Jan 9, 08 305-293-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #