

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001553

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

910 SIMONTON STREET
#6
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 1232
KEY WEST, FL 33040

New Mailing Address:

PO BOX 1232
KEY WEST, FL 33041 US

FEI Number: 06-1728946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVAN, DIANE T ESQ.
1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040 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: KEENAN, TERANCE
Address: 1021 WATSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: SAVIANO, MICHAEL
Address: 11498 HEATHERWOOD COURT
City-St-Zip: UTICA, MI 48315

Title: D () Delete
Name: HARTER, ROBYN
Address: 20393 COCKERILL ROAD
City-St-Zip: PURCELLVILLE, VA 20132

Title: TSD () Delete
Name: MCKENZIE, PAMELA
Address: PO BOX 1232
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: MCAFFRY, VANESSA
Address: 100 GRINNELL ST
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: JOHNSON, SHANNON MS
Address: 101 CRESCENT DR
City-St-Zip: POTTSBORO, TX 75076

I hereby certify that the information supplied with this filing does not qualify 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: PAM MACKENZIE

TSD

01/15/2009

Electronic Signature of Signing Officer or Director

Date