

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N04000011122

Entity Name: ISLAND KEY OF CLEARWATER BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

692 BAYWAY BOULEVARD
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

C/O S/3 CONSULTING GROUP
19534 GULF BLVD # 202
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 06-1729686 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD.
#202
INDIAN SHORES, FL 33785 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: DP () Delete
Name: MCDONOUGH, DANIEL
Address: 2 COPPERWOOD COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DV () Delete
Name: LYONS, ROBERT E
Address: P.O. BOX 18
City-St-Zip: LARGO, FL 33779

Title: DST (X) Delete
Name: PAGE, EVELYN
Address: 20001 GULF BLVD., SUITE 5
City-St-Zip: INDIAN SHORES, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRAUN, SANDOR L
Address: 2143 PAYNE AVE
City-St-Zip: ALCOA,, TN 37701

Title: DST (X) Change () Addition
Name: PAGE, EVELYN
Address: 20001 GULF BLVD., SUITE 5
City-St-Zip: INDIAN SHORES, FL 33785

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

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: SANDOR L BRAUN

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date