

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2009  
Secretary of State**

DOCUMENT# N06000006214

Entity Name: 1607-1609 SUNSHINE AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1607-1609 SUNSHINE AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1146  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 20-5038473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NICHOLS, JAMES A  
1314 ATLANTIC DRIVE  
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: DPT      ( ) Delete  
Name: NICHOLS, JAMES A  
Address: 1314 ATLANTIC DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: DVPS      ( ) Delete  
Name: KESAR, DAVID M  
Address: 1314 ATLANTIC DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: KESAR, AMANDA  
Address: 1314 ATLANTIC DRIVE  
City-St-Zip: KEY WEST, FL 33040

**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:

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: JAMES A. NICHOLS

DPT

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date