

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20977

FILED
Feb 09, 2007
Secretary of State

Entity Name: KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1342 COLONIAL BLVD
SUITE D - 25
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1342 COLONIAL BLVD
SUITE D - 25
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0006856 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAIDRY, JAMES
1342 COLONIAL BLVD., STE D - 25
FT MYERS, FL 33907 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: P () Delete
Name: GAIDRY, JAMES
Address: 1342 COLONIAL BLVD STE D-25
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: CARRER, LEON
Address: 1342 COLONIAL BLVD STE BLDG E
City-St-Zip: FORT MYERS, FL

Title: BM () Delete
Name: O'GROSKY, ROBERT
Address: 1342 COLONIAL BLVD C-22
City-St-Zip: FT MYERS, FL 33907 US

Title: PM () Delete
Name: HAUGEN, HERMAN
Address: 12651 WORLD PLAZA LANE
City-St-Zip: FORT MYERS, FL 33907

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 GAIDRY

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date