


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 046 ****70.00

DOCUMENT # N97000001185			
1. Entity Name KEY WEST OF PERDIDO KEY HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 226 PALAFOX PLACE NINTH FLOOR SEVILLE TOWER PENSACOLA, FL 32501		Mailing Address 226 PALAFOX PLACE NINTH FLOOR SEVILLE TOWER PENSACOLA, FL 32501	
2. Principal Place of Business <i>224 Key Largo Place</i>		3. Mailing Address <i>224 Key Largo Place</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Perdido Key, FL</i>		City & State <i>Perdido Key, FL</i>	
Zip <i>32507</i>		Zip <i>32507</i>	
Country <i>Escambia</i>		Country <i>Escambia</i>	
4. FEI Number 65-1235115		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARAZO, SAVA 221 KEY LARGO PLACE PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name <i>Kelly G. Robertson</i> Street Address (P.O. Box Number is Not Acceptable) <i>224 Key Largo Place</i> City <i>Perdido Key</i> FL Zip Code <i>32507</i>	
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 <i>Kelly Robertson</i>		DATE <i>1-11-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 D <input checked="" type="checkbox"/> Delete	NAME VARAZO, SAVA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 221 KEY LARGO PLACE	CITY-ST-ZIP PENSACOLA, FL 32507	NAME	
TITLE DP <i>President</i> <input type="checkbox"/> Delete	NAME ROBERTSON, KELLY	TITLE <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 224 KEY LARGO PLACE	CITY-ST-ZIP PENSACOLA, FL 32507	NAME	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME <i>Mike Reynolds</i>	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS <i>P.O. Box 197</i>	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP <i>Maplesville, AL 36750</i>	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME <i>Robin Ellis</i>	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS <i>224 Key Largo Place</i>	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP <i>Perdido Key, FL 32507</i>	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kelly Robertson</i>		Date <i>1-11-05</i> (850) 341-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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