

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


4/2

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90045 026 \*\*\*\*70.00

**DOCUMENT # N97000001185**

1. Entity Name  
**KEY WEST OF PERDIDO KEY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 224 KEY LARGO PLACE  
 PERDIDO KEY, FL 32507

Mailing Address  
 224 KEY LARGO PLACE  
 PERDIDO KEY, FL 32507

**66019292**



2. Principal Place of Business - No P.O. Box #  
**232 Key Largo Place**

3. Mailing Address  
**P.O. Box 197**

Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State  
**Perdidokey, FL**

City & State  
**Maplesville, AL**

Zip  
**32507**

Country  
**USA**

Zip  
**36750**

Country  
**Chilton**

4. FEI Number  
 65-1235115

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, KELLY G**  
 224 KEY LARGO PLACE  
 PERDIDA KEY, FL 32507

7. Name and Address of New Registered Agent


Name **Mike Reynolds**

Street Address (P.O. Box Number is Not Acceptable)  
**221 Key Largo Place**

**Ch Sava Varago**

City **Pensacola** FL Zip Code **32507**

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  DATE **4/18/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$81.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

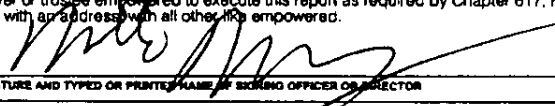
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, KELLY	
STREET ADDRESS	224 KEY LARGO PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	REYNOLDS, MIKE	
STREET ADDRESS	P O BOX 197	
CITY-ST-ZIP	MAPLESVILLE, AL 36750	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARAGO, SAVA	
STREET ADDRESS	221 KEY LARGO PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE:  DATE **4/18/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR