

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005560

FILED
Jan 18, 2004
Secretary of State**Entity Name:** SECLUDED GARDENS OF KEY WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1217 MARGARET STREET
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**PO BOX 1324
KEY WEST, FL 33040**New Mailing Address:****FEI Number:** 65-1000961**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLISON, JOHN R III
100 SE 2ND ST., SUITE 3350
MIAMI, FL 33131 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:** PD () Delete
Name: POLLEY, CHUCK
Address: 1217 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040**Title:** VTD () Delete
Name: STICHT, MARK
Address: 1219 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040**Title:** SD () Delete
Name: NEIGHOFF, T
Address: 911UNITED ST.
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 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 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: CHUCK POLLEY

PD

01/18/2004

Electronic Signature of Signing Officer or Director

Date