2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005560

FILED Feb 21, 2006 Secretary of State

Entity Name: SECLUDED GARDENS OF KEY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1217 MARGARET STREET KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

PO BOX 1324 KEY WEST, FL 33040

FEI Number: 65-1000961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLISON, JOHN R III

100 SE 2ND ST., SUITE 3350

MIAMI, FL 33131 US

KEYS BREEZE REALTY, LLC
1619 ROSE ST
KEY WEST, FL 33040 US

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: CHARLES POLLEY 02/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: POLLEY, CHUCK Name: POLLEY, CHUCK

 Name:
 FOLLET, CHOCK

 Address:
 1217 MARGARET ST.

 City-St-Zip:
 KEY WEST, FL 33040

 City-St-Zip:
 KEY WEST, FL 33040

Title: VTD () Delete Title: () Change () Addition

 Name:
 STICHT, MARK
 Name:

 Address:
 1219 MARGARET ST.
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 NEIGHOFF, T
 Name:

 Address:
 911UNITED ST.
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 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: CHARLES POLLEY PD 02/21/2006