2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N98000005560

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:

911 UNITED STREET
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 1324
KEY WEST, FL 33040

New Mailing Address:

PO BOX 1324
KEY WEST, FL 33041

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAT CLYNE
713 EMMA STREET
APARTMENT 1
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: PAT CLYNE 04/20/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POLLEY, CHUCK
Address: 1619 ROSE 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: PD (X) Change ( ) Addition
Name: NEIGHOFF, MARY P
Address: 911 UNITED STREET
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition
Name: CLYNE, PAT
Address: 713 EMMA STREET
City-St-Zip: KEY WEST, FL 33040

Title: STD (X) Change ( ) Addition
Name: HAMMOND, STEPHEN
Address: 909 UNITED STREET
City-St-Zip: KEY WEST, FL 33040

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: MARY P. NEIGHOFF PD 04/20/2007
Electronic Signature of Signing Officer or Director Date