

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035618

FILED
Feb 01, 2005
Secretary of State

Entity Name: LEEWARD ISLE CONDOMINIUM OF KEY WEST ASSOCIATION, INC.

Current Principal Place of Business:

906 TRUMAN AVE., #2
KEY WEST, FL 33040

New Principal Place of Business:

906 TRUMAN AVE #2
KEY WEST, FL 33040

Current Mailing Address:

906 TRUMAN AVE., #2
KEY WEST, FL 33040

New Mailing Address:

906 TRUMAN AVE #2
KEY WEST, FL 33040

FEI Number: 20-1431528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKE, LEE
906 TRUMAN AVE., #2
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

STEPHEN W GILBERTSON, CPA, PA
2720 E OAKLAND PARK BLVD #109
FT LAUDERDALE, FL 33306 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: STEPHEN W GILBERTSON, CPA

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANKE, LEE
Address: 906 TRUMAN AVE., #2
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANKE, LEE
Address: 906 TRUMAN AVE #2
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE HANKE

D

02/01/2005

Electronic Signature of Signing Officer or Director

Date