


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90030 012 ****61.25

DOCUMENT # N01000008438 1. Entity Name 308 MARGARET STREET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 308 MARGARET ST 1 KEY WEST, FL 33040 US			Mailing Address 22431 GILMORE STREET WEST HILLS, CA 91307 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1653382	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCALL, SUSAN 308 MARGARET ST 1 KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ALDEN, PAULETTE STREET ADDRESS 4900 WASHBURN AVE SOUTH CITY-ST-ZIP MINNEAPOLIS, MN 55410	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Kab Clarke STREET ADDRESS 29 GENT ST. CITY-ST-ZIP MARLBORO, MA 01945	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SEC NAME MIKE, LORI STREET ADDRESS 22431 GILMORE STREET CITY-ST-ZIP WEST HILLS, CA 91307	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME MCCALL, SUSAN STREET ADDRESS 22431 GILMORE STREET CITY-ST-ZIP WEST HILLS, CA 91307	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.					
SIGNATURE: <i>Susan D. McCall</i>			<i>Treasurer</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1/26/07 <small>Daytime Phone #</small> 818-464-5049		

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01272007 Chg-NP CR2E037 (12/06)