


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N01000008438</b><br>1. Entity Name<br>308 MARGARET STREET CONDOMINIUM ASSOCIATION,<br>INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>308 MARGARET ST<br>1<br>KEY WEST, FL 33040 US | Mailing Address<br>22431 GILMORE STREET<br>WEST HILLS, CA 91307 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br>16-1653382                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>MCCALL, SUSAN<br>308 MARGARET ST<br>1<br>KEY WEST, FL 33040 |
|--|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CLARKE, KALO<br>29 FRMT ST<br>MARBLEHEAD, MA 01945           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>MIKE, LORI<br>22431 GILMORE STREET<br>WEST HILLS, CA 91307  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MCCALL, SUSAN<br>22431 GILMORE STREET<br>WEST HILLS, CA 91307 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000000945782  
05/30/08-80022-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:  Susan D. McCall | 4/25/08             | 818-464-5049                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                              | <small>Date</small> | <small>Daytime Phone #</small> |