

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747629

**Entity Name:** KEY TOWNHOUSE CONDOMINIUM, INC.

**Current Principal Place of Business:**

230 SUNRISE DRIVE  
UNIT #9  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

230 SUNRISE DRIVE  
UNIT #9  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 65-0908264

**Certificate of Status Desired:** No

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

GALLAGHER, PATRICK  
230 SUNRISE DRIVE  
#9  
KEY BISCAYNE, FL 33149 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALLAGHER, PATRICK LEE JR.  
Address        230 SUNRISE DRIVE  
                  #9  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            HOLDERMAN, MARGARET  
Address        230 SUNRISE DRIVE, UNIT 7  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            SEEVE, VALERIE  
Address        230 SUNRISE DRIVE  
                  UNIT 11  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            BERENQUER, ANA M  
Address        230 SUNRISE DRIVE  
                  #1  
City-State-Zip: KEY BISCAYBE FL 33149

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICK LEE GALLAGHER

**PRESIDENT**

**01/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date