

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005574

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC3458373824**

**Entity Name:** KEY WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COMMUNITY MGMT SPECIALISTS, INC  
PO BOX 620368  
OVIDO, FL 32762

**Current Mailing Address:**

C/O COMMUNITY MGMT SPECIALISTS, INC  
PO BOX 620368  
OVIDO, FL 32762 US

**FEI Number:** 90-0170086

**Certificate of Status Desired:** No

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

COMMUNITY MANAGEMENT SPECIALISTS  
1942 W. CR 419  
SUITE 1030  
OVIDO, FL 32766 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:** KEVIN DAVIS

01/25/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, RICHARD L  
Address        C/O COMMUNITY MGMT  
                  SPECIALISTS, INC  
                  PO BOX 620368  
City-State-Zip: OVIDO FL 32762

Title            VP  
Name            KOTLYAR, EDUARD  
Address        C/O COMMUNITY MGMT  
                  SPECIALISTS, INC  
                  PO BOX 620368  
City-State-Zip: OVIDO FL 32762

Title            TREASURER  
Name            HEE, CAROLYN  
Address        C/O COMMUNITY MGMT  
                  SPECIALISTS, INC  
                  PO BOX 620368  
City-State-Zip: OVIDO FL 32762

Title            SECRETARY  
Name            SANTUCCI, JHAYNE  
Address        C/O COMMUNITY MGMT  
                  SPECIALISTS, INC  
                  PO BOX 620368  
City-State-Zip: OVIDO FL 32762

Title            DIRECTOR  
Name            COLE, KEITH  
Address        C/O COMMUNITY MGMT  
                  SPECIALISTS, INC  
                  PO BOX 620368  
City-State-Zip: OVIDO FL 32762

*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:** RICHARD SMITH

PRESIDENT

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date