

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