# **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001553

Entity Name: COURTYARD OF KEY WEST CONDOMINIUM ASSOCIATION,

INC.

FILED
Mar 04, 2013
Secretary of State
CC9417762371

# **Current Principal Place of Business:**

910 SIMONTON STREET

#6

KEY WEST, FL 33040

# **Current Mailing Address:**

PO BOX 1232

KEY WEST, FL 33041 US

FEI Number: 06-1728946 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

GOLDMAN, ROBERT ESQ. 302 SOUTHARD ST SUITE 208 KEY WEST, FL 33040 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 PD Title VPD

Name KEENAN, TERANCE Name SAVIANO, MICHAEL

Address 5008 BRILL POINT RD Address 1102 S.MISSOURI AVE. # 302
City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: CLEARWATER FL 33756

Title D Title TD

NameHARTER, ROBYNNameMACKENZIE, PAMELAAddress20393 COCKERILL ROADAddress2112 SEIDENBERG AVECity-State-Zip:PURCELLVILLE VA 20132City-State-Zip:KEY WEST FL 33040

Title D Title SD

Name MCCAFFRY, VANESSA Name JOHNSON, SHANNON MS

Address 100 GRINNELL ST Address 718 W TIMBER CREEK WAY, #112

City-State-Zip: KEY WEST FL 33040 City-State-Zip: SALT LAKE CITY UT 84119

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: PAMELA MACKENZIE

**TREASURER** 

03/04/2013