## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20977

Entity Name: KEY WEST PROFESSIONAL CENTRE CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

1314 CAPE CORAL PKWY E #205 CAPE CORAL, FL 33904

**Current Mailing Address:** 

PO BOX 152930

CAPE CORAL, FL 33915 US

FEI Number: 65-0006856 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC 1314 CAPE CORAL PKWY E #205 CAPE CORAL, FL 33904 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: TROY FUTCH 04/05/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title ٧P Title SECRETARY, TREASURER

Name SELL, ANN Name VOTAW, RAGAN Address PO BOX 152930 Address PO BOX 152930

City-State-Zip: CAPE CORAL FL 33915 City-State-Zip: CAPE CORAL FL 33915

Title **DIRECTOR** Title **PRESIDENT** 

HUNTER, VIRGINIA Name DOMINGUEZ, LUIS Name Address PO BOX 152930 Address PO BOX 152930

City-State-Zip: CAPE CORAL FL 33915

City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR

Name PACACIOS, ADOLFO PO BOX 152930 Address

City-State-Zip: CAPE CORAL FL 33915

SIGNATURE: LUIS DOMINGUEZ

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/05/2021

**FILED** Apr 05, 2021

**Secretary of State** 

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