

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22123

Entity Name: THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**305 WHITEHEAD STREET
KEY WEST, FL 33040**Current Mailing Address:**305 WHITEHEAD STREET
KEY WEST, FL 33040 US**FEI Number: 65-0069401****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STERLING, CHRISTIAN
305 WHITEHEAD STREET
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 DIRECTOR
Name BERRY, HAROLD
Address 515 NOAH LANE
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT
Name FRECHETTE, BOB
Address 330 CAROLINE STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name HARRA, LINDA
Address 401-A EMMA STREET
City-State-Zip: KEY WEST FL 33040

Title VP
Name HOLTZ, MARGE
Address 210 OLIVIA STREET
City-State-Zip: KEY WEST FL 33040

Title TREASURER
Name ROBERTS, DONALD
Address 504 PORTER COURT
City-State-Zip: KEY WEST FL 33040

Title SECRETARY
Name METTY, AL
Address 506 PORTER LANE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BEHMKE, MICHAEL
Address 106 ADMIRALS LANE
City-State-Zip: KEY WEST FL 33040

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: BOB FRECHETTE**PRESIDENT****01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date