

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000035618

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC5575015918**

**Entity Name:** LEEWARD ISLE CONDOMINIUM OF KEY WEST ASSOCIATION, INC.

**Current Principal Place of Business:**

906 TRUMAN AVE #1  
KEY WEST, FL 33040

**Current Mailing Address:**

906 TRUMAN AVE #1  
KEY WEST, FL 33040

**FEI Number: 20-1431528**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR - STE. A50A  
TAMPA, FL 33607 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	P	Title	V
Name	DUNN, TIMOTHY	Name	WATHEN, GREGORY
Address	906 TRUMAN AVE #1	Address	1316 NEWCASTLE DR.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	ORLANDO FL 32806
Title	S		
Name	VANORE, JOSEPH A SR		
Address	200 SHIVERS RUN CT		
City-State-Zip:	MULLICA HILL NJ 08062		

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY W WATHEN**

**VICE PRESIDENT**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date