

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90012 010 ****61.25

DOCUMENT # 717537 1. Entity Name KEY TOWERS SOUTH OWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 BEN FRANKLIN DR SARASOTA, FL 34236 US			Mailing Address 1750 BEN FRANKLIN DR SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1353738	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. 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. I am familiar with, and accept the obligations of registered agent.				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
SIGNATURE _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when rechartering)				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		8. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, BILL 1750 BEN FRANKLIN DR PH-A SARASOTA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFITZ, DR. GEORGE 1750 Ben Franklin Drive, #07-F Sarasota, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, COLLEN 1750 BEN FRANKLIN DR 4-B SARASOTA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Kate Thompson</i> 1750 Ben Franklin Dr #8 A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEROD, PAULA 1750 BEN FRANKLIN DR 10-D SARASOTA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGH, PAT 1750 BEN FRANKLIN DR., #04-F SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSS, NAGIB 1750 BEN FRANKLIN DR #4-F SARASOTA, FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAILLET, BERNARD A. 1750 Pen Franklin Drive, #12-A Sarasota, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, GENEVIEVE B. 1750 BEN FRANKLIN DR 8-G SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>P. Vaughn</i> <i>Trueman</i> 3/8/07 (941) 366-2779 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					