

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90114 022 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                    |                                                                                                                       |                                                                          |                                                                                                                                      |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 722970</b><br>1. Entity Name<br><b>THE IXORA CONDOMINIUM APARTMENTS, INC.</b>                                                                                                                                   |                                                                    |                                                                                                                       |                                                                          |                                                     |                                                                              |
| Principal Place of Business<br><b>10 BARACUDA LANE<br/>KEY LARGO FL 33037<br/>US</b>                                                                                                                                          |                                                                    |                                                                                                                       | Mailing Address<br><b>10 BARACUDA LANE<br/>KEY LARGO FL 33037<br/>US</b> |                                                                                                                                      |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                    | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                         |                                                                          |                                                                                                                                      |                                                                              |
| City & State<br><br>Zip      Country                                                                                                                                                                                          |                                                                    | City & State<br><br>Zip      Country                                                                                  |                                                                          | 4. FEI Number <b>59-1510909</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                    |                                                                                                                       |                                                                          | 1st MOORE      CR2E037 (10/07)                                                                                                       |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>MOSS, EVELYN<br/>10 BARACUDA LANE<br/>KEY LARGO FL 33037</b>                                                                                                        |                                                                    |                                                                                                                       |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                              |
| 8. 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. |                                                                    |                                                                                                                       |                                                                          |                                                                                                                                      |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)</small>                                                    |                                                                    |                                                                                                                       |                                                                          |                                                                                                                                      |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                        |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                          | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                         |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                    |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | PD<br>BENISCH, ABNER<br>10 BARACUDA LANE<br>KEY LARGO FL 33037     | <input checked="" type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         | VP<br>Dale, Susan<br>10 Baracuda Lane<br>Key Largo, FL 33037                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | ST<br>SCHAFER, CAROL<br>10 BARACUDA LANE<br>KEY LARGO FL 33037     | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         | S/T<br>Newby, Frank<br>10 Baracuda Lane<br>Key Largo, FL 33037                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | VD<br>CURRAN, COLLEEN<br>10 BARACUDA LANE<br>KEY LARGO FL 33037    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         | D<br>Schaffer, Carol<br>10 Baracuda Lane<br>Key Largo, FL 33037                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | S<br>MOSS, EVELYN<br>10 BARACUDA LANE<br>KEY LARGO FL 33037        | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         | D<br>Curran, Colleen<br>10 Baracuda Lane<br>Key Largo, FL 33037                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | D<br>NOLAN, KATHLEEN<br>10 BARACUDA LANE<br>KEY LARGO FL 33037     | <input checked="" type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | D<br>TODOROVICH, MICHAEL<br>10 BARACUDA LANE<br>KEY LARGO FL 33037 | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                         | P<br>Todorovich, Michael<br>10 Baracuda Lane<br>Key Largo, FL 33037                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: \_\_\_\_\_

*Evelyn Moss*

4/10/08

305-367-3232