2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED May 09, 2005 8:00 am Secretary of State 05-09-2005 90288 025 ****61.25

1. Entity Nam	MENT # 724159 INE CONDOMINIUM APAF	RTMENTS, IN	C. THE						
Principal Place of Business 120 ANCHOR DR KEY LARGO, FL 33037 US		Mailing Address 120 ANCHOR DR KEY LARGO, FL 33037 US			14017476				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-1507				plied For t Applicable
Zip	Country	Zip	Co	ountry	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New R	Registered A	gent	
MOSS EV	FIYN			Name					
MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037			Street Address (P.O. Box Number is Not Acceptable)						
				City		.	FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of cl	nanging its registe	ered office or registe	ered agent, or both	, in the State of Flo	orida. I am f	amiliar with,	lqəbbs tins
SIGNATURE.									
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registe	ered Agent signature require	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. E	(NOTE: Registe lection Campaign rust Fund Contrib	Financing	\$5.00 May Be Added to Fees		DATE fake check rida Depart		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE AND TYPED ON PROTECTION OFFICER ON DIRECTION 19.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate 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.