

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727429

FILED
Jan 08, 2009
Secretary of State

Entity Name: LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

65700 OVERSEAS HWY
P.O. BOX 406
LONG KEY, FL 33001

New Principal Place of Business:

65700 OVERSEAS HWY
LONG KEY, FL 33001

Current Mailing Address:

PO BOX 1578
KEY LARGO, FL 33037

New Mailing Address:

PO BOX 1578
KEY LARGO, FL 33037

FEI Number: 59-2252653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS D. WRIGHT CHARTERED
9711 OVERSEAS HWY
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BETTS, JACK
Address: 3 CHAMBERS PL
City-St-Zip: STILLWATER, OK 74074 US

Title: S () Delete
Name: LUCERO, JOHN
Address: 2836 ADELIN AVE.
City-St-Zip: BURLINGAME, CA 94010 US

Title: P () Delete
Name: MULLEN, JAMES
Address: 29 ELM STREET
City-St-Zip: TOMPKINS COVE, NY 10786 US

Title: VP () Delete
Name: DEPRIEST, DALE
Address: 25327 SW 19TH PL
City-St-Zip: SAMMAMISH, WA 98075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MULLEN

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date