FILED
May 02, 2007 08:00 A
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 728960

1. Entity Name
CONTINENTAL INN CONDOMINIUM OF KEY COLONY BEACH, INC.

Principal Place of Business	Mailing Address
1121 OCEAN DRIVE WEST KEY COLONY BEACH, FL 33051	P.O. BOX 510209 1121 OCEAN DRIVE WEST KEY COLONY BEACH, FL 33051 US

DO NOT WRITE IN THIS SPACE

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1679432
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGEL, DAVID H ESQ
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE STE # 100
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WOTTERS, GENE
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051
TITLE	T
NAME	WALLS, DAVID
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051
TITLE	ST
NAME	PHILLIPS, LYNN
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051
TITLE	P
NAME	MACENAS, FRANK
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051
TITLE	DT
NAME	GARRUGIA, GAIL
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051
TITLE	D
NAME	MARTINEZ, LAZARO
STREET ADDRESS	1121 W. OCEAN DRIVE
CITY-ST-ZIP	KEY COLONY, FL 33051

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05/23/07-80083-015 61.25

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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 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: _____ 4-30-2007 305-289-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #