

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730436

FILED
Apr 20, 2006
Secretary of State

Entity Name: KEY CAPRI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 KEY CAPRI DR
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

FEI Number: 59-1546753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDONMINIUM ASSOCIATES
3001 EXECUTIVE DR.
#260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY
7300 PARK STREET
SEMINOLE, FL 33777 US

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: DEBORAH REINHARDT

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, MIKE
Address: 1 KEY CAPRI #101 E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: FLOWERS, RON
Address: 1 KEY CAPRI #601 E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: ECHERT, SHELLEY
Address: 1 KEY CAPRI #411 W
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: GRAHAM, PATRICIA
Address: 1 KEY CAPRI #113 W
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: SULLIVAN, WILLIE
Address: 1 KEY CAPRI #110 E
City-St-Zip: ST PETERSBURG, FL 33706

Title: D (X) Delete
Name: BUCKNER, MATT
Address: ONE KEY CAPRI #305 E
City-St-Zip: TREASURE ISLAND, FL 33706

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:

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 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: MIKE COLLINS

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date