

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730436

FILED  
Mar 12, 2010  
Secretary of State

**Entity Name:** KEY CAPRI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1 KEY CAPRI DRIVE  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
SUITE 200  
ST PETERSBURG, FL 33715 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:**

RESOURCE PROPERTY MANAGEMENT  
5901 SUN BLVD  
SUITE 200  
ST PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

RESOURCE PROPERTY MANAGEMENT  
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:

03/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REITER, SUSAN  
Address: 7300 PARK STREET  
City-St-Zip: SEMINOLE, FL 33777

Title: VP  
Name: EDWARDS, MARGARET  
Address: 7300 PARK STREET  
City-St-Zip: SEMINOLE, FL 33777

Title: SEC  
Name: TEMERSON, JOAN  
Address: 7300 PARK STREET  
City-St-Zip: S, FL 33777

Title: TRES  
Name: GRAHAM, DON  
Address: 7300 PARK STREET  
City-St-Zip: SEMINOLE, FL 33777

Title: D  
Name: THOMAS, NANCY  
Address: 7300 PARK STREET  
City-St-Zip: SEMINOLE, FL 33777

Title: D  
Name: WALSH, JUNE  
Address: 7300 PARK STREET  
City-St-Zip: SEMINOLE, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: DIANNE FALGIONE, LCAM

LCAM

03/12/2010

Electronic Signature of Signing Officer or Director

Date