

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748350

FILED  
Apr 10, 2006  
Secretary of State

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

**Current Principal Place of Business:**

% RESOURCE PROPERTY MGMT.  
5901 SUN BLVD., STE 200  
ST PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

% RESOURCE PROPERTY MGMT.  
5901 SUN BLVD., STE 200  
ST PETERSBURG, FL 33715 US

**New Mailing Address:**

**FEI Number:** 59-2021280

**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., STE 200  
ST PETERSBURG, FL 33715 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: PD ( ) Delete  
Name: MCCANLESS, WALT  
Address: 3123 29 AVE N B207  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S (X) Delete  
Name: VANCE, HARRY  
Address: 131 MIDDLE NINE MILE RD  
City-St-Zip: SOUTHSIDE, WV 25187

Title: D ( ) Delete  
Name: MCNAMARA, ROBIN  
Address: 3143 28TH AVE. N #107  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: BARNES, GAIL  
Address: 3120 29TH AVE. NORTH, E101  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: MCNAMARA, ROBIN  
Address: 3143 28TH AVE. N #107  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T (X) Change ( ) Addition  
Name: BARNES, GAIL  
Address: 3120 29TH AVE. NORTH, E101  
City-St-Zip: ST. PETERSBURG, FL 33713

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: LINDA KISER

MGR

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date