

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 749225

1. Entity Name
SANTA CLARA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3312 NORTHSIDE DRIVE
KEY WEST, FL 33040**

Mailing Address
**3312 NORTHSIDE DRIVE
MAIN OFFICE
KEY WEST, FL 33040**



01232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-1940755

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**DYER, SEAN
3312 NORTHSIDE DRIVE
MAIN OFFICE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**1000000401883
02/02/06-80064-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WELLER, THOM
STREET ADDRESS	3312 NORTHSIDE DR #311
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VP
NAME	JACOBELLIS, GELSOMINA
STREET ADDRESS	3312 NORTHSIDE DR #513
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SECY
NAME	NIEMIEC, LARRY
STREET ADDRESS	3312 NORTHSIDE DRIVE #113
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TRES
NAME	GOUGH, SHIRLEY
STREET ADDRESS	3312 NORTHSIDE DRIVE #416
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DIR
NAME	VERNON, MICHAEL
STREET ADDRESS	3312 NORTHSIDE DRIVE #709
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DIR
NAME	HOLDEN, BRIAN
STREET ADDRESS	3312 NORTHSIDE DRIVE #708
CITY-ST-ZIP	KEY WEST, FL 33040

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IN THIS SPACE**

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: Sean Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 305-796-0940
DATE DAYTIME PHONE #