2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 758639

1. Entity Name
ANN STREET COMPOUND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
213-219 ANN STREET KEY WEST, FL 33040	732 PASSOVER LANE KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2329761
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEELS, JOYCE F
732 PASSOVER LANE
KEY WEST, FL 33040

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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 (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	VD
NAME	MATHEWSON, ROBERT
STREET ADDRESS	217 ANN ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SD
NAME	HEELS, JOYCE F
STREET ADDRESS	732 PASSOVER LANE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	HUNTER, BRUCE
STREET ADDRESS	83 DARWOOD CT, GLOUCESTER AVENUE
CITY-ST-ZIP	LONDON, EN NW1 7BQ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000708669
04/24/07-80123-013 61.25

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: Joyce Heels Joyce Heels 4/12/07 305 294 0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #