

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90486 015 ****61.25

DOCUMENT # 764919	
1. Entity Name KETAY CENTER CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 132 NW 10TH AVENUE BOCA RATON, FL 33486 US	Mailing Address 132 NW 10TH AVENUE BOCA RATON, FL 33486 US
--	--

50018086



2. Principal Place of Business 3850 NW 2nd Ave. Suite, Apt. #, etc.	3. Mailing Address 10709 El Paraiso Place Suite, Apt. #, etc.
--	--

01092006 Chg-NP CR2E037 (11/05)

City & State Boca Raton, FL	City & State Delray Beach, FL
Zip 33431 Country USA	Zip 33446 Country USA

4. FEI Number 59-2264825	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent JOHNSON, RAY 132 NW 10TH AVENUE BOCA RATON, FL 33486	
--	--

7. Name and Address of New Registered Agent	
Name Kathy McBinnis	
Street Address (P.O. Box Number is Not Acceptable) 10709 El Paraiso Place	
City Delray Beach	FL Zip Code 33446

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 <i>Kathy McBinnis</i>	SIGNATURE <i>Kathy McBinnis</i>	DATE 4/13/06
------------------------------------	------------------------------------	------------------------

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUSINEAU, GARY 3850 NW 2ND AVE 21 BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSS, PETER 3850 NW 2ND AVE D BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RAY 3850 N.W. 2ND AVE. #18 BOCA RATON, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAGER, JAMES 3850 NW 2ND AVE 4 BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Kathy McBinnis 10709 El Paraiso Place Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	DATE (S41) 392-8287
----------------------------------	-------------------------------