

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767020

FILED  
Jan 08, 2006  
Secretary of State

**Entity Name:** HURRICANE ALLEY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

320 SIMONTON ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

320 SIMONTON ST.  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MOLONEY, RICHARD D MRS  
326 SIMONTON ST  
KEY WEST, FL 33040 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: MOLONEY, RICHARD D MRS  
Address: 328 SIMONTON ST. REAR  
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete  
Name: THORENSEN, ERLING T  
Address: 3235 MARY ST.  
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete  
Name: MOLONEY CORLEY, LUCY  
Address: 523 ERASFASFH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: MOLONEY RICE, SUSAN  
Address: 523 PALM STREET  
City-St-Zip: KEY WEST, FL 33041

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

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

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

Title: SD (X) Change ( ) Addition  
Name: MOLONEY CORLEY, LUCY  
Address: 523 EATON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change ( ) Addition  
Name: MOLONEY RICE, SUSAN  
Address: 523 EATON STREET  
City-St-Zip: KEY WEST, FL 33041

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: SUSAN MOLONEY

TD

01/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date