## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000000189

FILED Apr 22, 2009 Secretary of State

Entity Name: GOLDEN KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1120-102ND STREET 918 OCEAN DRIVE

BAY HARBOR ISLANDS, FL 33154 207

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

918 OCEAN DRIVE 207

MIAMI BEACH, FL 33139

FEI Number: 59-1989125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KLETZENABUER, HERIBERT
918 OCEAN DRIVE # 207
MIAMI BEACH, FL 33139 US
CORAL GABLES, FL 33134 US

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: ANDREW CUEVAS 04/22/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MALISSE, MARY
 Name:

 Address:
 1120-102ND STREET # 2
 Address:

 City-St-Zip:
 BAY HARBOR ISLANDS, FL 33154
 City-St-Zip:

Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: MULLER, GISELLE Name: HILL, ROSE

Address: 1120-102ND STREET # 18 Address: 1120-102ND STREET # 1

City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: S () Delete Title: S (X) Change () Addition Name: BIENER, VALERIE Name: BELVEDERE, LAURA

 Name:
 BIENER, VALERIE
 Name:
 BELVEDERE, LAURA

 Address:
 1120-102ND ST. #7
 Address:
 1120-102ND STREET #21

 City-St-Zip:
 BAY HARBOR ISLANDS, FL 33154
 City-St-Zip:
 BAY HARBOR ISLANDS, FL

I hereby certify that the information supplied with this filing does not qualify 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: MARY MALISSE PD 04/22/2009