

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 017 ****61.25

DOCUMENT # N01000002086	
1. Entity Name DELANCEY HALL OWNERS ASSOCIATION, INC.	

Principal Place of Business 526 WILLIAM STREET KEY WEST, FL 33040	Mailing Address 526 WILLIAM STREET KEY WEST, FL 33040
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44016634

2. Principal Place of Business 3 Casa Roma Lane #3 Suite, Apt. #, etc.	3. Mailing Address 3 Casa Roma Lane #3 Suite, Apt. #, etc.
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03052004 Chg-NP CR2E037 (10/03)

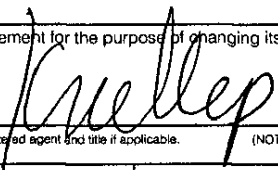
City & State Key West, FL	City & State Key West, FL
Zip 33040	Country Monroe

4. FEI Number 65-1088639	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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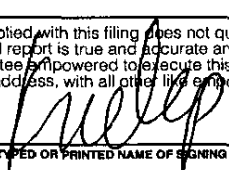
6. Name and Address of Current Registered Agent MELLONCAMP, KEVIN 526 WILLIAM STREET KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent Name Kevin Melloncamp Street Address (P.O. Box Number is Not Acceptable) 3 Casa Roma Lane #3 City Key West FL Zip Code 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 3-5-04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MELLONCAMP, KEVIN 526 WILLIAM STREET #1 KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3 Casa Roma Lane #3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, KENNETH L PO BOX 6366 KEY WEST, FL 33041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSKY, JEFFERY 526 WILLIAM ST. #5 KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 3-5-04 305-214-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	