# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2004 8:00 am**
**Secretary of State**
03-10-2004 90022 017 ****61.25

44016634

DOCUMENT # N01000002086

1. Entity Name
DELANCEY HALL OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 526 WILLIAM STREET<br>KEY WEST, FL 33040 | 526 WILLIAM STREET<br>KEY WEST, FL 33040 |

03052004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3 Casa Roma Lane #3 | 3 Casa Roma Lane #3 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Key West, FL | City & State: Key West, FL |
| Zip: 33040 Country: Monroe | Zip: 33040 Country: Monroe |

4. FEI Number: 65-1088639 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MELLONCAMP, KEVIN<br>526 WILLIAM STREET<br>KEY WEST, FL 33040 | Name: Kevin Melloncamp<br>Street Address (P.O. Box Number is Not Acceptable): 3 Casa Roma Lane #3<br>City: Key West **FL** Zip Code: 33040 |

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: Kmellep DATE: 3-5-04
Signature, typed or printed name of registered agent and title if applicable. (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**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>MELLONCAMP, KEVIN<br>526 WILLIAM STREET #1<br>KEY WEST, FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>3 Casa Roma Lane #3 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EDWARDS, KENNETH L<br>PO BOX 6366<br>KEY WEST, FL 33041 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GROSKY, JEFFERY<br>526 WILLIAM ST. #5<br>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:** Kmellep 3-5-04 305-294-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #