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2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0100003874 1. Entity Name SLOAN'S LANDING CONDOMINIUM ASSOCIATION, INC.					V "	
Principal Place of Business 201 FRONT STREET KEY WEST, FL 33040 Mailing Address 201 FRONT STREET KEY WEST, FL 33040 KEY WEST, FL 33040					200042896642 11/19/0401026010 **70.50	
2. Principal Place of Business 3. Mailing Address: 5.29 lbs: tec				·		
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		11152004 Chg-NP CR2E037 (10/03)	
City & State			<u> </u>	ل	4. FEI Number Applied For	
Zip	Country	Zip West	Country		02-0561729 Not Applicable \$8.75 Additional	
_33	6. Name and Address of Current F	<u> 330401</u>	monro	ور	Certificate of Status Desired Fee Required Name and Address of New Registered Agent	
SWIFT, ED		Name Thomas Didato Street Address (P.O. Box Number is Not Acceptable)				
KEY WES		2.2 8 11 1 ()				
		City Hey West FL Zip Code 040				
8. The above named entity submits this statement for the purpose of changing its registered office or registered abent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
11/16/04						
SIGNATURE Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when refirstating) DATE						
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	SWIFT, ED	= alete	NAME	70	seph D Cleghorn JP Change Martin	
STREET ADDRESS CITY_ST_ZIP	201 FRONT STREET KEY-WEST, FL-33040		STREET ADDRESS CITY-SY-ZIP	-5 c	29 United St any least the 33040 Present	
TITLE	D	Delete Delete	TITLE	K	why Jancey Change DR Addition	
NAME STREET ADDRESS	SCHEVERMAN, KARL 1201 OLIVIA STREET	_	NAME STREET ADDRESS	5	29 lun: tal St Secretary	
CITY-ST-ZIP TITLE	KEY WEST, FL 33040	D Delete	CITY-ST-ZIP TITLE	<u> </u>	hat C m call Change Paddition	
NAME	BATTY, PETER	LE Celete	NAME	173	277 Allamanda Aven Director	
STREET ADDRESS CITY-ST-ZIP	912 GEORGIA STREET KEY WEST, FL 33040		STREET ADDRESS CITY-ST-ZIP	Su	garlout Key IL 33042	
TITLE NAME		☐ Delete	TITLE NAME	RX	chard Dostal Change Addition	
STREET ADDRESS			STREET ADDRESS	2 K	Truman Human	
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP	4 Je	wast FL 33040 you m Ba Kaka Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	=	13 14th 5+ # 184 (DIC)	
CITY-ST-ZIP			CITY-ST-ZIP	4	en Wast FL 33040	
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STREET ADORESS CITY-ST-ZIP	•		STREET ADORESS CITY-ST-ZIP	Š	ack Island Ha 23010	
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: Kathy L. Jancey 11-16-64						
SIGNAPTIRE AND TYPESFOR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR Dail Daytime Provide #						
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