2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N01000003874

Entity Name: SLOAN'S LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1421 1ST STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1421 1ST STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 02-0561729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIDATO, THOMAS
302 SOUTHARD ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DIDATO, THOMAS
502 SOUTHARD STREET
KEY WEST, FL 33040 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: THOMAS DIDATO 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEGHORN, JOSEPH D JR
Address: 1421 1ST STREET
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: YANCEY, KATHY L
Address: 1421 1ST STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: MONGELLI, ROBERT C
Address: 11277 ALLAMANTA AVE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D ( ) Delete
Name: POSTAL, RICHARD
Address: 210 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: BAKALA, JRYNA M
Address: 1213 14TH ST #184
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: TOMITA, JUDY
Address: 5580 MACDONALD AVE
City-St-Zip: STOCK ISLAND, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: KEY WEST, TRAILERS
Address: 1000 MARKET ST #30
City-St-Zip: PORTSMOUTH, NJ 03801

Title: D (X) Change ( ) Addition
Name: SLOANS, LANDING LLC
Address: P O BOX 1237
City-St-Zip: KEY WEST, FL 33041

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

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

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: JOE CLEGHORN P 04/27/2007
Electronic Signature of Signing Officer or Director Date