


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008438**

1. Entity Name  
308 MARGARET STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
308 MARGARET ST  
1  
KEY WEST, FL 33040 US

Mailing Address  
22431 GILMORE STREET  
WEST HILLS, CA 91307 US

**DO NOT WRITE IN THIS SPACE**



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
16-1653382

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALL, SUSAN  
308 MARGARET ST  
1  
KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDEN, PAULETTE 4900 WASHBURN AVE SOUTH MINNEAPOLIS, MN 55410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MIKE, LORI 22431 GILMORE STREET WEST HILLS, CA 91307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALL, SUSAN 22431 GILMORE STREET WEST HILLS, CA 91307
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04/29/06-80178-016 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Susan D. McCall, Treasurer 4/16/06 918-464-5049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #