

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 16-1653382

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MCCALL, SUSAN
 308 MARGARET ST
 1
 KEY WEST, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2008

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 CLARKE, KALO 29 FRMT ST MARBLEHEAD, MA 01945
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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 05/30/08-80022-010 61.25

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* **Susan D. McCall** **4/25/08** **818-464-5049**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #