


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90184 049 \*\*\*\*61.25

<b>DOCUMENT # N01382</b> 1. Entity Name <b>KEY WEST BEACH CLUB CONDOMINIUM ASSOCIATION NO. 1, INC.</b>					
Principal Place of Business <b>1500 ATLANTIC BLVD. KEY WEST, FL 33040</b>			Mailing Address <b>1500 ATLANTIC BLVD. KEY WEST, FL 33040</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 2700</b> Suite, Apt. #, etc.			
City & State		City & State <b>Key West FL</b>		4. FEI Number <b>59-2467734</b>	
Zip <b>33045</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDNER, WILLIAM 1500 ATLANTIC BLVD UNIT #405 KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDNER, E. WILLIAM</b> <b>1500 ATLANTIC BLVD. #405</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Thayer, Louise</b> <b>1500 Atlantic Blvd, Unit 102</b> <b>Key West FL 33040</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRENCH, JOHN</b> <b>1500 ATLANTIC BLVD., #301</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ASVAZADOURIAN, ANN</b> <b>1500 ATLANTIC BLVD. - UNIT #101</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>unit #401</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVIS, ALTON</b> <b>1500 ATLANTIC BLVD., UNIT #104</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SMATLAK, STEVE</b> <b>1500 ATLANTIC BLVD, UNIT 304</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Unit 304</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> <i>Ann Asvazadourian</i> <b>Resident 4/26/06</b> <b>293-8040</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					