

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003231

FILED
Mar 26, 2005
Secretary of State

Entity Name: WINDLEY KEY MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

84961 OLD HIGHWAY
BOX 22
ISLAMORADA, FL 33036

New Principal Place of Business:

84961 OLD HIGHWAY
BOX 18
ISLAMORADA, FL 33036

Current Mailing Address:

5660 S. 36TH STREET
LAKE WORTH, FL 334634726

New Mailing Address:

22294 WOODSPRING DRIVE
BOCA RATON, FL 33428

FEI Number: 26-4502314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULICK, NICHOLAS W PA
91645 OVERSEAS HWY
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, JOHN D
Address: 5660 S. 36TH STREET
City-St-Zip: LAKE WORTH, FL 334634726

Title: VD () Delete
Name: CLEMENT, EDMUND
Address: 8245 NW 14TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: KUENZLE, LIZ
Address: 12390 ANTILLE DR.
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: CHRISTENSEN, BEVERLY
Address: 84961 OLD HWY #12
City-St-Zip: ISLAMORADA, FL 33036

Title: SD () Delete
Name: HUNTER, VIRGINIA
Address: 84961 OLD HWY LOT 19
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: LUTZ, JUDY
Address: 84961 OLD HWY. #11
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSROFF, MATTHEW S
Address: 22294 WOODSPRING DRIVE
City-St-Zip: BOCA RATON, FL 33428

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

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

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

Title: () Change () Addition
Name:
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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 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 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: MATTHEW OSROFF

PD

03/26/2005

Electronic Signature of Signing Officer or Director

Date