

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90138 042 \*\*\*\*61.25

**DOCUMENT # N02000003339**

1. Entity Name

**TRUMAN ANNEX RESIDENTS, INC.**



Principal Place of Business

Mailing Address

101 ADMIRALS LN  
KEY WEST FL 33040

P.O. BOX 1086  
KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-196-2771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE ROBERT ROHE, P.A.,  
25000 OVERSEAS HWY STE 2  
SUMMERLAND KEY FL 33042**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS, JOHN	
STREET ADDRESS	P.O. BOX 1086	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIER, VANCE	
STREET ADDRESS	P.O. BOX 1778	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NONA, DAN	
STREET ADDRESS	401-H EMMA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, GEORGE	
STREET ADDRESS	316 ADMIRALS LN	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPONT, MARTHA	
STREET ADDRESS	P.O. BOX 1148	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIMMEL, HERBERT	
STREET ADDRESS	401 EMMA ST #110	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**S. Daniel A. Nona / Daniel A. Nona**

**3/21/03**

**305-296-4098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)