

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006036

FILED
Mar 19, 2009
Secretary of State

Entity Name: KEY ISLANDER CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

290 SUNRISE DR
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

C/O CPM CORP.
170 OCEAN LAND DR
KEY BISCAYNE, FL 33149

New Mailing Address:

C/O CPM CORP.
1801 CORAL WAY #305
MIAMI, FL 33145 US

FEI Number: 16-1682476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C.P.M. CORP
170 OCEAN LANE DR
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

C.P.M. CORP
1801 CORAL WAY #305
MIAMI, FL 33145 US

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: _____

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUENAS, DAVID
Address: 290 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: ORTIZ, TONY
Address: 290 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: GARAY, AIMA
Address: 290 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: SHARTZ, ANTONIO
Address: 290 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: SUAREZ, LUIS
Address: 290 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALBERTO COHEN

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date