2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# N02000008824

Entity Name: ELGIN-EATON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2011 FLAGLER AVE.
KEY WEST, FL 33040

New Principal Place of Business:

1020 EATON STREET
KEY WEST, FL 33040

Current Mailing Address:

2011 FLAGLER AVE.
KEY WEST, FL 33040

New Mailing Address:

1020 EATON STREET
KEY WEST, FL 33040

FEI Number: 26-4544123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOPPINO, PAUL E
2011 FLAGLER AVE.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

COVAN, DIANE T ESQ.
1901 FOGARTY AVENUE
1
KEY WEST, FL 33040 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: DIANE T. COVAN 05/03/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOPPINO, PAUL E
Address: 2011 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: TOPPINO, EDWARD JR.
Address: 165 KEY HAVEN RD.
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: CUSIMANO, STEPHEN R
Address: 17334 LABRISA LANE
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TRICE, MELISSA
Address: 351 EAGLE ROAD
City-St-Zip: NEWTON, PA 18940

Title: VP (X) Change ( ) Addition
Name: BENNINGTON, DAVID M
Address: 1020 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change ( ) Addition
Name: TRICE, TODD
Address: 351 EAGLE ROAD
City-St-Zip: NEWTON, PA 18940

Title: S ( ) Change (X) Addition
Name: QUINN, TIMOTHY S
Address: 1020 EATON STREET
City-St-Zip: KEY WEST, FL 33040

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: DAVID M. BENNINGTON VP 05/03/2004
Electronic Signature of Signing Officer or Director Date