


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90001 041 ****61.25

DOCUMENT # N02000009697 1. Entity Name KEY TEX SHRIMP DOCKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 317 WHITEHEAD ST KEY WEST, FL 33040			Mailing Address 317 WHITEHEAD ST KEY WEST, FL 33040		
2. Principal Place of Business 1114 WHITE ST Suite, Apt. #, etc.		3. Mailing Address 1114 WHITE ST Suite, Apt. #, etc.			
City & State KEY WEST Zip		City & State KEY WEST, FL Zip		4. FEI Number APPLIED FOR 20-0147624	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICK, JAMES T 317 WHITEHEAD ST KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name: DAVID J. PFENT 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: DAVID J. PFENT <i>[Signature]</i> 5/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPT O'CONNELL, JOSEPH JR. 6810 FRONT ST KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALTERS, KARL 6152 NORTHSIDE DR KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VASEK, VERA 901 FLAGLER AVE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID J. PFENT 1114 WHITE ST, KEY WEST FL 33040	<input type="checkbox"/> Delete D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY JOHNSON 1107 KEY PLAZA PMB 288 KEY WEST FL 33040	<input type="checkbox"/> Delete D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DANIEL PROBERT 3728 FLAGLER AVE KEY WEST, FL 33040	<input type="checkbox"/> Delete D			
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: DAVID J. PFENT <i>[Signature]</i> 5/19/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

34054960



04262004 Chg-NP CR2E037 (10/03)