

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009697

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** KEY TEX SHRIMP DOCKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1114 WHITE ST  
KEY WEST, FL 33040

**New Principal Place of Business:**

7013 SHRIMP RD  
KEY WEST, FL 33040

**Current Mailing Address:**

1114 WHITE ST  
KEY WEST, FL 33040

**New Mailing Address:**

512 NOAH LANE  
KEY WEST, FL 33040

**FEI Number:** 20-0147624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDRICK, JAMES T  
317 WHITEHEAD ST  
KEY WEST, FL 33040 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: D ( ) Delete  
Name: PFENT, DAVID J  
Address: 1114 WHITE ST  
City-St-Zip: KEY WEST, FL 33040

Title: PD ( ) Delete  
Name: JOHNSON, LARRY  
Address: 1107 KEY PLAZA PMB 288  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: PROBERT, DANIEL  
Address: 3728 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PFENT, DAVID J  
Address: 512 NOAH LN  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: DAVID J PFENT

MGR

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date