

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 034 ****61.25

DOCUMENT # N02000009865

1. Entity Name

SEMINARY STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1500 SEMINARY STREET
KEY WEST FL 33040

Mailing Address

1500 SEMINARY STREET
3F
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFRANCESCO, THOMAS
1500 SEMINARY STREET
3F
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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
Due By May 1, 2006

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

TITLE DT
NAME DE FRANCESCO, THOMAS
STREET ADDRESS 1500 SEMINARY STREET 3F
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE DS
NAME MICHAELS, MARSHA
STREET ADDRESS 1500 SEMINARY STREET 5A
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE ~~Pres~~
NAME ROUSEFF, REBECCA
STREET ADDRESS 1500 SEMINARY STREET 6B
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE P
NAME MORRIS, BILLY D
STREET ADDRESS 689 POWELL AVE
CITY-ST-ZIP LITTLE TOUCH KEY FL 33042 ☒ Delete

TITLE VP
NAME RITTER, PATRICK
STREET ADDRESS 1500 SEMINARY ST 3 4E
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE AS
NAME NIELSON, JULIE ANNE
STREET ADDRESS 1620 BERTHA ST. # 4
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AT
NAME Brandon R. Stoig
STREET ADDRESS 1500 Seminary St #1C
CITY-ST-ZIP Key West FL 33040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Pres
NAME Rebecca Rouseff
STREET ADDRESS 1500 Seminary St #6B
CITY-ST-ZIP Key West FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas DeFrancesco Treas.

2-8-06 3053046909