


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 048 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	NAME DE FRANCESCO, THOMAS STREET ADDRESS 1500 SEMINARY STREET 3F CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME MICHAELS, MARSHA STREET ADDRESS 1500 SEMINARY STREET 5A CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME ROUSEFF, REBECCA STREET ADDRESS 1500 SEMINARY ST # 6B CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT	NAME STOIA, BRANDON R STREET ADDRESS 1500 SEMINARY ST, # 1C CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME RITTER, PATRICK STREET ADDRESS 1500 SEMINARY ST 3 4E CITY-ST-ZIP KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS	NAME NIELSON, JULIE ANNE STREET ADDRESS 1620 BERTHA ST. # 4 CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 Thomas DeFrancesco 2-1-07 305 304 6909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #