

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001695

**FILED
Jul 05, 2004
Secretary of State**

Entity Name: ANGELA COURTYARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

120 ANGELA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

120 ANGELA STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1188106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUDD, DAVID G
3033 RIVIERA DR.
SUITE 201
NAPLES, FL 34103 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: STARMAN, SHELDON W
Address: 4099 TAMiami TRAIL N., 4TH FLOOR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BUDD, DAVID G
Address: 3033 RIVIERA DR., SUITE 201
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MACIA, ALBERTO A
Address: 3033 RIVIERA DR., SUITE 201
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: POLLEY, CHARLES
Address: 120 ANGELA STREET, UNIT 102
City-St-Zip: KEY WEST, FL 33040

Title: T,D (X) Change () Addition
Name: HELENS, PAUL
Address: 120 ANGELA STREET, UNIT 201
City-St-Zip: KEY WEST, FL 33040

Title: VP,D (X) Change () Addition
Name: KEENAN, NOLA
Address: 120 ANGELA STREET, UNIT 202
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: CHARLES POLLEY

P,D

07/05/2004

Electronic Signature of Signing Officer or Director

Date