

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2008
Secretary of State**

DOCUMENT# N03000001695

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:

PO BOX 4550
KEY WEST, FL 33041

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:

KEYS BREEZE REALTY, LLC
1619 ROSE 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: P,D () Delete
Name: HELLENS, PAUL
Address: 120 ANGELA STREET, UNIT 201
City-St-Zip: KEY WEST, FL 33040 US

Title: T,D () Delete
Name: HELLENS, ANITA
Address: 120 ANGELA STREET, UNIT 201
City-St-Zip: KEY WEST, FL 33040 US

Title: VP,D () Delete
Name: KEENAN, NOLA
Address: 120 ANGELA STREET, UNIT 202
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: POLLEY, CHARLES
Address: 120 ANGELA STREET, UNIT 102
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CHARLES POLLEY

D

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date