

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91041 014 ****61.25

DOCUMENT # N03000002808 1. Entity Name KEY TEX SHRIMP BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 317 WHITEHEAD ST KEY WEST, FL 33040		Mailing Address 317 WHITEHEAD ST KEY WEST, FL 33040	
2. Principal Place of Business 7013 Old Shrimp Rd Suite, Apt. #, etc.		3. Mailing Address 4737 Oak Run Dr Suite, Apt. #, etc.	
City & State Key West, FL Zip 33040		City & State Sarasota, FL Zip 34243	
4. FEI Number		<input checked="" type="checkbox"/> 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 HENDRICK, JAMES T 317 WHITEHEAD ST KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name ALICE F. Petrat Street Address (P.O. Box Number is Not Acceptable) 4737 Oak Run Dr City Sarasota FL Zip Code 34243	
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 Alvin J. Petrat ALICE F. Petrat 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPT O. CONNELL, JOSEPH JR 6810 FRONT ST KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ALICE F. Petrat 4737 Oak Run Dr Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALTERS, KARL 7013 OLD SHRIMP RD KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Phent 1114 White St. Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARTON, DONALD 7013 OLD SHRIMP RD KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Van Martin 7013 Old Shrimp Rd Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: Alvin J. Petrat <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/04 941-751-6687 <small>Date Daytime Phone #</small>	