

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 040 ****70.00

DOCUMENT # N03000008756			
1. Entity Name KEY WEST COTTAGES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 4600 5TH AVE S ST PETERSBURG, FL 33711		Mailing Address 4600 5TH AVE S ST PETERSBURG, FL 33711	
2. Principal Place of Business 639 4th Avenue So. Suite, Apt. #, etc.		3. Mailing Address 639 4th Avenue So. Suite, Apt. #, etc.	
City & State St. Petersburg, FL Zip 33701 Country USA		City & State St. Petersburg, FL Zip 33701 Country USA	
4. FEI Number 20-2624897		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 AUVIL, JONATHAN L 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name <u>SHERRE' M. PASCHAL</u> Street Address (P.O. Box Number is Not Acceptable) <u>639 4TH AVE SOUTH</u> City <u>ST PETE</u> FL Zip Code <u>33701</u>	
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 <u>Sherre M. Paschal, President</u> DATE <u>7/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	DP ROBERTS, DUANE E P.O. BOX 13796 ST PETERSBURG, FL 33733 <input checked="" type="checkbox"/> Delete	TITLE <u>PAT</u> NAME STREET ADDRESS CITY-ST-ZIP	President & VIP Sherre' M. Paschal 639 4th Ave South ST PETE, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, THOMAS E 13924 7TH ST DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Lenore Prusse 639 4th Ave So. ST. PETE, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTS, KEVIN T 13924 7TH ST DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DAVID MCINTYRE ST PETE, FL 33701 <input checked="" 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
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 exemptions contained 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 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: <u>Sherre' M. Paschal</u>		Date <u>7-25-06</u> Daytime Phone # <u>727-896-9909</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			