


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90050 001 \*\*\*\*\*8.75  
04-12-2007 90050 002 \*\*\*\*\*61.25

<b>DOCUMENT # N03000008756</b>	
1. Entity Name <b>KEY WEST COTTAGES HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>639 4TH AVE SOUTH SAINT PETERSBURG, FL 33701</b>	Mailing Address <b>639 4TH AVE SOUTH SAINT PETERSBURG, FL 33701</b>
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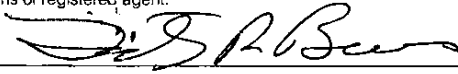
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>K.W.C.A. PO BOX 3209</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>ST. PETERSBURG, FL.</b>
Zip	Country <b>USA</b>



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-2624897</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PASCHAL, SHERRE M 639 4TH AVE SOUTH SAINT PETERSBURG, FL 33701</b>		
7. Name and Address of New Registered Agent Name <b>TIMOTHY BURNS</b> Street Address (P.O. Box Number is Not Acceptable) <b>132 6TH AVENUE NORTH</b> City <b>ST. PETERSBURG, FL</b> Zip Code <b>33701</b>		

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  **TIMOTHY BURNS** 4/4/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PVP PASCHAL, SHERRE M 639 4TH AVE SOUTH SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMOTHY BURNS 132 6TH AVENUE NORTH ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRUSSER, LENORE 641 4TH AVE SOUTH SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RICHARD BATTLES 632 CHARLES COURT SOUTH ST. PETERSBURG 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	S DAVID MCINTYRE 647 4TH AVENUE SOUTH ST. PETERSBURG 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:  **TIMOTHY BURNS** 4/4/07 727-579-5074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #