


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90056 013 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N03000008756</b><br>1. Entity Name<br><b>KEY WEST COTTAGES HOMEOWNERS' ASSOCIATION, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>639 4TH AVE SOUTH<br/>SAINT PETERSBURG, FL 33701</b>   |   |   | Mailing Address<br><b>K.W.C.A.<br/>P.O. BOX 3209<br/>SAINT PETERSBURG, FL 33731</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>250 104th Ave</b><br><br>Suite, Apt. #, etc.                           |   |   |  |
| City & State<br><br>   |   | City & State<br><b>Treasure Island, FL</b>  |   | 4. FEI Number<br><b>20-2624897</b>  |  |
| Zip<br><b>33706</b>  | Country<br><b>USA</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BURNS, TIMOTHY<br/>132 6TH AVENUE NORTH<br/>SAINT PETERSBURG, FL 33701</b>   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>             |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>BURNS, TIMOTHY</b><br><b>132 6TH AVENUE NORTH</b><br><b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br><b>BATTLES, RICHARD</b><br><b>632 CHARLES COURT SOUTH</b><br><b>SAINT PETERSBURG, FL 33701</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PT</b><br><b>PARIS GIRGINIS</b><br><b>632 CHARLES COURT S.</b><br><b>ST. PETERSBURG, FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br><b>MCINTYRE, DAVID</b><br><b>647 4TH AVENUE SOUTH</b><br><b>SAINT PETERSBURG, FL 33701</b> <input checked="" type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>JEANNIE CARLSON</b><br><b>132 6TH AVE - NORTH</b><br><b>ST. PETERSBURG, FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <u><i>Timothy Burns</i></u> <i>President</i>   |   |   | Date <u><i>3/19/08</i></u> Daytime Phone #  |   |  |