2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000009084

Entity Name: KEY ROYAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8204 KEY ROYAL CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

8204 KEY ROYAL CIRCLE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 54-2133599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHN GOEDE PA
9915 TAMIAMI TRAIL NORTH
SUITE 1
NAPLES, FL 34103 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: PD ( ) Delete
Name: KALINOWSKY, JOSEPH
Address: 8298 KEY ROYAL LANE #431
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: MILLER, CHARLIE
Address: 8297 KEY ROYAL LANE #311
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete
Name: STEPHENS, KENNETH
Address: 8274 KEY ROYAL CIRCLE #1034
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEPHENS, KENNETH
Address: 8274 KEY ROYAL LANE #1034
City-St-Zip: NAPLES, FL 34119

Title: VD (X) Change ( ) Addition
Name: STITES, SHARON
Address: 8288 KEY ROYAL LANE #1412
City-St-Zip: NAPLES, FL 34119

Title: STD (X) Change ( ) Addition
Name: KALINOWSKI, JOESEPH
Address: 8298 KEY ROYAL CIRCLE #431
City-St-Zip: NAPLES, FL 34119

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: KENNETH STEPHENS PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date