2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004
Secretary of State

DOCUMENT# N03278

Entity Name: REFLECTIONS ON KEY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ZERO DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

570 KIRKLAND WAY
100
KIRKLAND, WA 98033

New Mailing Address:

FEI Number: 65-0860033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ROTH, JOSEPH H JR
Address: ZERO DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: DVP ( ) Delete
Name: FLANAGAN, WILLIAM
Address: ZERO DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: DYER, PATRICK
Address: ZERO DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: BENECKE, MICHAEL J
Address: ZERO DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. P. DYER SD 05/25/2004

Electronic Signature of Signing Officer or Director — Date