

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

04-25-2003 90217 025 *****70.00
08-21-2003 90111 042 *****70.00

DOCUMENT # N03278

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



Principal Place of Business
**ZERO DUVAL STREET
KEY WEST FL 33040**

Mailing Address
**570 KIRKLAND WAY
100
KIRKLAND WA 98033**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0860033**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORAN, DAVID PAUL
608 WHITEHEAD ST
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee, FL Zip Code
32301

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
[Signature]
Signature, typed or printed name of registered agent and title if applicable.

**Brian Courtney
Asst. V. Pres.**

(NOTE: Registered Agent signature required when reinstating)

8/12/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	PD	☐ Delete
NAME	ROTH, JOSEPH H JR	
STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DVP	☐ Delete
NAME	FLANAGAN, WILLIAM	
STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	☐ Delete
NAME	DYER, PATRICK	
STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	☒ Delete
NAME	THORNTON, JENA	
STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	☐ Delete
NAME	Benecke, Michael J	
STREET ADDRESS	Zero Duval Street	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☒ Addition
NAME	Benecke, Michael J	
STREET ADDRESS	Zero Duval St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplement 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:

SIGNATURE REQUIRED

8/1/2003

425-827-5646

CR2E037 (4/03)