


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001553 1. Entity Name COURTYARD OF KEY WEST CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 910 SIMONTON STREET #6 KEY WEST, FL 33040	Mailing Address PO BOX 1232 KEY WEST, FL 33040
---	--



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 06-1728946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent COVAN, DIANE T ESQ. 1901 FOGARTY AVENUE SUITE 1 KEY WEST, FL 33040
--

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

02/14/06-80027-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEENAN, TERANCE 1021 WATSON STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SAVIANO, MICHAEL 11498 HEATHERWOOD COURT UTICA, MI 48315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DINGMAN, CATHY PO BOX 767 WINDSOR, CA 95492
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTER, ROBYN 20393 COCKERILL ROAD PURCELLVILLE, VA 20132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCKENZIE, PAMELA PO BOX 1232 KEY WEST, FL 33041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pam McKenzie TD 1/31/06 305-293-0731