2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N04000004059

1. Entity Name
FOGARTY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2521 FOGARTY AVENUE APARTMENT 1 KEY WEST, FL 33040	2521 FOGARTY AVENUE APARTMENT 1 KEY WEST, FL 33040

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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
16-1738946
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COVAN, DIANE T ESQ.
1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINNIGAN, SEAN
STREET ADDRESS	2521 FOGARTY AVENUE #3
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VPD
NAME	LEONARD, BERT C
STREET ADDRESS	8795 STREAMCREST DRIVE
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	SD
NAME	KEENAN, TERANCE
STREET ADDRESS	1021 WATSON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TD
NAME	ROJAS, ROLANDO
STREET ADDRESS	2521 FOGARTY AVENUE #1
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	CROWELL, DAMON J
STREET ADDRESS	2521 FOGARTY AVENUE #2
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/08-80022-013 61.25

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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.

SIGNATURE: Rolando Rojas 2/20/14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #