

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004170

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** PACKER STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

819 PEACOCK PLAZA, PMB #580  
KEY WEST, FL 33040

**New Principal Place of Business:**

914 PACKER STREET  
2  
KEY WEST, FL 33040

**Current Mailing Address:**

819 PEACOCK PLAZA, PMB #580  
KEY WEST, FL 33040

**New Mailing Address:**

914 PACKER STREET  
2  
KEY WEST, FL 33040

**FEI Number:** 20-1377395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COVAN, DIANE TOLBERT  
1901 FOGARTY AVENUE SUITE 1  
KEY WEST, FL 33040 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: D ( ) Delete  
Name: GARCIA, MICHAEL A  
Address: 819 PEACOCK PLAZA, PMB #580  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: GARCIA, MONICA  
Address: 819 PEACOCK PLAZA, PMB #580  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: GARCIA, RACHEL  
Address: 819 PEACOCK PLAZA, PMB #580  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HENSLEY, LAURIE  
Address: PO BOX 674  
City-St-Zip: HAMMONDSPORT, NY 14840

Title: VP (X) Change ( ) Addition  
Name: FULLER, NORMAN  
Address: PO BOX 5282  
City-St-Zip: KEY WEST, FL 33045

Title: T (X) Change ( ) Addition  
Name: HOWE, STEPHANIE  
Address: 914 PACKER STREET, #2  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Change (X) Addition  
Name: LUZIUS, ROBERT JR.  
Address: 3616 ROLAND AVENUE  
City-St-Zip: BALTIMORE, MD 21211

Title: D ( ) Change (X) Addition  
Name: VALEGA, JAN  
Address: 4488 STONE CREEK RD.  
City-St-Zip: BRUNSWICK, OH 44212

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: LAURIE HENSLEY

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date