

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004170

FILED
Apr 29, 2009
Secretary of State

Entity Name: PACKER STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

914 PACKER STREET
2
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

914 PACKER STREET
2
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-1336868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSLEY, LAURIE CPA
3201 FLAGLER AVE
SUITE 506
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: P () Delete
Name: HENSLEY, LAURIE
Address: 914 PACKER ST #4
City-St-Zip: KEY WEST, FL 33040

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

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

Title: S () Delete
Name: VALEGA, JAN
Address: 4488 STONE CREEK RD
City-St-Zip: BRUNSWICK, OH 44212

Title: D () Delete
Name: BARNETT, DONNA
Address: P. O. BOX 1383
City-St-Zip: KEY WEST, FL 33041

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date