2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005578

FILED Jan 26, 2006 Secretary of State

Entity Name: CONCH ROW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

33 BOULDER DRIVE KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

33 BOULDER DRIVE KEY WEST, FL 33040

FEI Number: 20-1252560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TOLBERT COVAN, DIANE

1901 FOGARTY AVENUE, SUITE 1

KEY WEST, FL 33040 US

VILLOCH, MARGARITA R MGRM
33 BOULDER DR
KEY WEST, FL 33040 US

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: MARGARITA R. VILLOCH 01/26/2006

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

itle: D () Delete Title: MGRM (X) Change () Addition

 Name:
 JOHNSON, SUSAN L
 Name:
 JOHNSON, SUSAN L

 Address:
 33 BOULDER DRIVE
 Address:
 33 BOULDER DRIVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: D () Delete Title: MGRM (X) Change () Addition Name: VILLOCH, MARGARITA R

Address: 33 BOULDER DRIVE
City-St-Zip: KEY WEST, FL 33040

VIELOGI, Wartes drive
Address: 33 BOULDER DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete Title: () Change () Addition

 Name:
 TOLBERT COVAN, DIANE
 Name:

 Address:
 1901 FOGARTY AVENUE, #1
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARITA R. VILLOCH MGRM 01/26/2006