2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000006508

Entity Name: JAMES STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

912 JAMES STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

903 THOMAS ST
KEY WEST, FL 33040

New Mailing Address:

2201 SW WALDEN DR
LEES SUMMIT, MO 64081

FEI Number: 33-1114306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASSEL, DIANA L
903 THOMAS ST
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: NAKONECZNA, ANDRZEJ E
Address: 912 JAMES STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: NAKONECZNA, ANNA
Address: 912 JAMES STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: LASSEL, DIANA L
Address: 903 THOMAS ST
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: LASSEL, WILHELM
Address: 903 THOMAS ST
City-St-Zip: KEY WEST, FL 33040

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:

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: ANNA NAKONECZA D 04/15/2009

Electronic Signature of Signing Officer or Director — Date