2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007622

FILED May 02, 2006 Secretary of State

Entity Name: VILLAGES KEY WEST CONDOMINIUM ASSOCIATION, INC.

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

8800 VISTANA CENTRE DRIVE ORLANDO, FL 32821

Current Mailing Address: New Mailing Address:

8800 VISTANA CENTRE DRIVE ORLANDO, FL 32821

FEI Number: 20-1705213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 THOMAS, THORP S
 Name:
 THOMAS, THORP S

 Address:
 8800 VISTANA CENTRE DRIVE
 Address:
 9002 SAN MARCO CT

 City-St-Zip:
 ORLANDO, FL 32821
 City-St-Zip:
 ORLANDO, FL 32819

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

 Name:
 POPE, JOEL
 Name:
 POPE, JOEL

 Address:
 8800 VISTANA CENTRE DRIVE
 Address:
 9002 SAN MARCO CT

Address. 6800 VISTANA CENTRE DRIVE Address. 9002 SAN MARCO CT City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32819

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 CLINTON, GLEN
 Name:
 CARTER, PAULETTE

 Address:
 8800 VISTANA CENTRE DRIVE
 Address:
 9002 SAN MARCO CT

 City-St-Zip:
 ORLANDO, FL 32821
 City-St-Zip:
 ORLANDO, FL 32819

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: THORP THOMAS PTD 05/02/2006