


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90217 017 ****61.25

DOCUMENT # N04000008097 1. Entity Name 1324 SEMINARY STREET CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7 COCONUT DR. KEY WEST, FL 33040	Mailing Address 7 COCONUT DR. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

400000



01272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1509641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELLEY, ALBERT L 926 TRUMAN AVE. KEY WEST, FL 33040
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSON, TROY 7 COCONUT DR. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAIRCHILD, BRIAN P.O. BOX 626 ROCHESTER, IL 62583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENSON, HEATHER 7 COCONUT DR. KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Troy S. Henson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____