

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008152

FILED
Apr 23, 2007
Secretary of State

Entity Name: PETRONIA STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

416 PETRONIA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1209 JOHNSON ST
KEY WEST, FL 33040

New Mailing Address:

3201 FLAGLER AVENUE
SUITE 506
KEY WEST, FL 33040

FEI Number: 36-4540774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, MARY BETH CPA
3201 FLAGLER AVENUE
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: NANCY, ROBERTS
Address: 3949 SW 155TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: HARRISON, CHRIS
Address: 1619 COLONIAL TERRACE
City-St-Zip: ARLINGTON, VA 22204

Title: ST () Delete
Name: DALTON, KEVIN
Address: 1209 JOHNSON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRISON, CHARLES
Address: 1619 COLONIAL TERRACE
City-St-Zip: ARLINGTON, VA 22204

Title: VP (X) Change () Addition
Name: ZOUAD, SARA
Address: 416 PETRONIA STREET, APT 5
City-St-Zip: KEY WEST, FL 33040

Title: ST (X) Change () Addition
Name: DALTON, KEVIN
Address: 416 PETRONIA STREET, APT 6
City-St-Zip: KEY WEST, FL 33040

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: KEVIN DALTON

ST

04/23/2007

Electronic Signature of Signing Officer or Director

Date