## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000725

FILED Apr 14, 2008 Secretary of State

Entity Name: MARIPOSA CONDOMINIUM OF KEY WEST, INC. **Current Principal Place of Business: New Principal Place of Business:** 1012 TRUMAN AVE KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 19688 DATE PALM DR SUMMERLAND KEY, FL 33042 FEI Number: 26-0740140 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: SIEGRIST, MICHAEL 19688 DATE PALM DR. SUMMERLAND KEY, FL 33042 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIEGRIST, MICHAEL Name: Name: Address: 1012 TRUMAN AVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SIEGRIST, NOA Name: Address: 1012 TRUMAN AVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition MENESES, SUSAN Name: Name: Address: 1012 TRUMAN AVE 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 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: MICHAEL SIEGRIST PRES 04/14/2008