2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N05000001605

Entity Name: FOGARTY CORNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

402 APPELROUTH LANE
SUITE #3
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

402 APPELROUTH LANE
SUITE #3
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 26-3176239 **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:

CALHOUN, ROBERT D MR.
913 INDIES RD.
RAMROD 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: MR. ROBERT D. CALHOUN 07/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KAPEL, STEPHANIE
Address: 1830 FOGARTY AVE UNIT 2
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: CALHOUN, ROBERT D
Address: 913 INDIES
City-St-Zip: RAMROD KEY, FL 33042

Title: ST ( ) Delete
Name: MILLER, SUSAN K
Address: 1623 BAYVIEW AVE
City-St-Zip: LITTLE TORCH KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MILLER, SUSAN K
Address: 30947 AVENUE A
City-St-Zip: BIG PINE KEY, FL 33043

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: MR. ROBERT D. CALHOUN VP 07/30/2009
Electronic Signature of Signing Officer or Director Date