

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001905

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** KENNEDY CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 KENNEDY DR  
KEY WEST, FL 33040

**New Principal Place of Business:**

1010 KENNEDY DR  
KEY WEST, FL 33040 US

**Current Mailing Address:**

5505 N. ATLANTIC AVE.  
SUITE 207  
COCOA BEACH, FL 32931

**New Mailing Address:**

5505 N. ATLANTIC AVE.  
SUITE 207  
COCOA BEACH, FL 32931 US

**FEI Number:** 47-0953431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLISON, JOHN R III  
1010 KENNEDY DR  
KEY WEST, FL 33040 US

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

ALLISON, JOHN R III  
1010 KENNEDY DR  
SUITE 302  
KEY WEST, FL 33040 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:

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLISON, JOHN R III  
Address: P.O. BOX 2129  
City-St-Zip: KEY WEST, FL 33045 US

Title: VPD  
Name: NEWLAND, ELIZABETH J  
Address: 1010 KENNEDY DRIVE, STE 302  
City-St-Zip: KEY WEST, FL 33040 US

Title: STD  
Name: HEADRICK, KAREN  
Address: 5505 N. ATLANTIC AVE., STE 207  
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN ALLISON

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date