


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002296 1. Entity Name KEY VICTORIA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business ONE FINANCIAL PLAZA 18TH FLOOR FT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA 18TH FLOOR FT LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



08022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4775796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEONARD, OSHINSKY 350 E LAS OLAS BLVD 970 FT LAUDERDALE, FL 33301
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IN THIS SPACE**

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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000771727 08/08/07-80005-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPLIN, JAMES B ONE FINANCIAL PLAZA 18TH FLOOR FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHAPLIN, NANCY ONE FINANCIAL PLAZA 18TH FLOOR FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, CHAD 2644 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Nancy Chaplin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____