

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002296

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** KEY VICTORIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE FINANCIAL PLAZA 18TH FLOOR  
FT LAUDERDALE, FL 33394

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FINANCIAL PLAZA 18TH FLOOR  
FT LAUDERDALE, FL 33394

**New Mailing Address:**

**FEI Number:** 20-4775796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONARD, OSHINSKY  
350 E LAS OLAS BLVD  
970  
FT LAUDERDALE, FL 33301 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: DP ( ) Delete  
Name: CHAPLIN, JAMES B  
Address: ONE FINANCIAL PLAZA 18TH FLOOR  
City-St-Zip: FT LAUDERDALE, FL 33394

Title: DST ( ) Delete  
Name: CHAPLIN, NANCY  
Address: ONE FINANCIAL PLAZA 18TH FLOOR  
City-St-Zip: FT LAUDERDALE, FL 33394

Title: D ( ) Delete  
Name: HODGES, CHAD  
Address: 2644 E OAKLAND PARK BLVD  
City-St-Zip: FT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMES B. CHAPLIN

DP

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date