

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002615

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: 615 DUVAL STREET CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

3426 DUCK AVENUE  
KEY WEST, FL 33040

## New Principal Place of Business:

615 1/2 DUVAL STREET  
UNIT 4  
KEY WEST, FL 33040

## Current Mailing Address:

3426 DUCK AVENUE  
KEY WEST, FL 33040

## New Mailing Address:

615 1/2 DUVAL STREET  
UNIT 4  
KEY WEST, FL 33040

FEI Number: 20-4420310      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:

COBO, LUIS  
3426 DUCK AVENUE  
KEY WEST, FL 33040      US

## Name and Address of New Registered Agent:

COBO, LUIS E  
615 1/2 DUVAL STREET  
UNIT 4  
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: LUIS E COBO

06/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: ARTMAN, GREGORY  
Address: 1547 5TH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: ARTMAN, RONALD  
Address: 1128 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: SIRECI, MARCIA A  
Address: 1120 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: LUIS, COBO E  
Address: 615 1/2 DUVAL STREET UNIT 4  
City-St-Zip: KEY WEST, FL 33040

Title: D      (X) Change ( ) Addition  
Name: TODD, DOROTHY  
Address: 615 1/2 DUVAL STREET UNIT 2  
City-St-Zip: KEY WEST, FL 33040

Title: D      (X) Change ( ) Addition  
Name: TRUIKE, FRED  
Address: 2318 ROOSEVELT BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Change (X) Addition  
Name: HAMMOND, CHRISTINE  
Address: 620 JOSEPHINE PARKER RD.  
City-St-Zip: KEY WEST, FL 33040

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: LUIS E COBO

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date