

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005312

FILED
Jun 16, 2009
Secretary of State

Entity Name: SPEAKEASY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1117 DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1117 DUVAL STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

COVAN, DIANE TOLBERT
1901 FOGARTY AVENUE SUITE 1
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAVELLI, THOMAS
Address: 1523 PATRICIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FAVELLI, GEORGEANN
Address: 1523 PATRICIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CAPAS, RAYMOND
Address: 512 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

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: THOMAS FAVELLI

D

06/16/2009

Electronic Signature of Signing Officer or Director

Date