

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005312

**FILED**  
**Jan 09, 2010**  
**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 ( )**

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

COVAN, DIANE TOLBERT  
1901 FOGARTY AVENUE SUITE 1  
KEY WEST, FL 33040 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: D  
Name: FAVELLI, THOMAS  
Address: 1523 PATRICIA STREET  
City-St-Zip: KEY WEST, FL 33040

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

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

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: THOMAS FAVELLI

D

01/09/2010

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

\_\_\_\_\_  
Date