

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005844

FILED
Jul 30, 2006
Secretary of State

Entity Name: 409 MARGARET STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

409 MARGARET ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

409 MARGARET ST
KEY WEST, FL 33040

New Mailing Address:

7162 121ST ST. W.
APPLE VALLEY, MN 55124

FEI Number: 33-1136738 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:

WILLIAMS, CHRISTINE M
409 MARGARET ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

WILLIAMS, CHRISTINE M
409 MARGARET ST
UNIT D
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

07/30/2006

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, RICKY R
Address: 409 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WILLIAMS, CHRISTINE M
Address: 409 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JOHNSON, MARK A
Address: 409 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JOHNSON, ANN L
Address: 409 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, RICKY R
Address: 7162 121ST ST. W.
City-St-Zip: APPLE VALLEY, MN 55124

Title: D (X) Change () Addition
Name: WILLIAMS, CHRISTINE M
Address: 409 MARGARET ST, UNIT D
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: JOHNSON, MARK A
Address: 5791 E. 230TH ST.
City-St-Zip: ELKO, MN 55020

Title: D (X) Change () Addition
Name: JOHNSON, ANN L
Address: 5791 E. 230TH ST.
City-St-Zip: ELKO, MN 55020

I hereby certify that the information supplied with this filing does not qualify for the 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: RICKEY R. WILLIAMS

D

07/30/2006

Electronic Signature of Signing Officer or Director

Date