

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-04-2008 90014 032 ****61.25

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DOCUMENT # N05000006266 1. Entity Name FOGARTY GARDENS CONDOMINIUM ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 5730 2ND AVENUE, SUITE 1 KEY WEST, FL 33040			Mailing Address 5730 2ND AVENUE, SUITE 1 KEY WEST, FL 33040																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	02282008 Chg-NP CR2E037 (12/06)																																																																																																																									
4. FEI Number APPLIED FOR 26-2241164				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent VAZQUEZ, RAYMOND 5730 2ND AVENUE, SUITE 1 KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> DATE <u>2.27.08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P VAZQUEZ, RAYMOND</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5730 2ND AVENUE, SUITE 1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td>V PEREZ, ALLEN</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5730 2ND AVENUE, SUITE 1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td>T VAZQUEZ, CAROLINE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5730 2ND AVENUE, SUITE 1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td>S PEREZ, ANN MARIE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5730 2ND AVENUE, SUITE 1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	P VAZQUEZ, RAYMOND	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5730 2ND AVENUE, SUITE 1		CITY-ST-ZIP	KEY WEST, FL 33040		TITLE	V PEREZ, ALLEN	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5730 2ND AVENUE, SUITE 1		CITY-ST-ZIP	KEY WEST, FL 33040		TITLE	T VAZQUEZ, CAROLINE	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5730 2ND AVENUE, SUITE 1		CITY-ST-ZIP	KEY WEST, FL 33040		TITLE	S PEREZ, ANN MARIE	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5730 2ND AVENUE, SUITE 1		CITY-ST-ZIP	KEY WEST, FL 33040		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u></u> DATE <u>2.27.08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

ATTACHMENT

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 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-24-2008

Employer Identification Number:
26-2241154

Form: SS-4

Number of this notice: CP 575 A

FOGARTY GARDENS CONDOMINIUM
ASSOCIATION
% FOGARTY GARDENS
5730 2ND AVE STE 2
KEY WEST, FL 33040

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2241154. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/08/2008

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2006. Please file your return(s) by 04/08/2008. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing that you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS website at www.irs.gov.

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538, Accounting Periods and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

ATTACHMENT

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(IRS USE ONLY) 575A

03-24-2008 FOGA B 9999999999 SS-4

If you're required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, call 1-800-829-3676 and request Publication 966, Electronic Choices to Pay All Your Federal Taxes or visit the IRS website and click on the link for "Electronic IRS" located on the home page. If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS website at <http://www.irs.gov/localcontacts/index.html>. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

The IRS is committed to helping all taxpayers to comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS website at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides the addresses and telephone numbers, including links to their websites. You can also download IRS forms, publications, revenue procedures, and other information from this website.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

Note: If you elect to change your corporation to an S corporation, you must file Form 2553, Election by a Small Business Corporation. Tax forms are available at the IRS website at www.irs.gov or by calling 1-800-829-3676.

Note: If you elect to change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See instructions for Form 8832 to determine if you are required to file.

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N05000006266

03-24-2008 FOGA 'B 9999999999 SS-4

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