

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006499

FILED  
Apr 19, 2008  
Secretary of State

**Entity Name:** ECHO GARDENS, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

1009 SIMONTON ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1009 SIMONTON ST.  
KEY WEST, FL 33040

**New Mailing Address:**

1007 SIMONTON ST.  
KEY WEST, FL 33040

**FEI Number:** 02-0720952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURCHFELD, GARY  
1009 SIMONTON ST.  
KEY WEST, FL 33040 US

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

RYAN, TIMOTHY  
1007 SIMONTON ST.  
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: TIMOTHY RYAN

04/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURCHFELD, GARY  
Address: 1009 SIMONTON ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: KLITENICK, RICHARD  
Address: 1009 SIMONTON ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: SMITH, SHAWN  
Address: 600 TRUMAN AVE.  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RYAN, TIMOTHY  
Address: 1007 SIMONTON ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: POYNTON, DAVID  
Address: 1007 SIMONTON ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: BROWN, JAMES  
Address: 1007 SIMONTON ST.  
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: TIMOTHY RYAN

D

04/19/2008

Electronic Signature of Signing Officer or Director

Date