

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008492

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** 1515 JOSEPHINE STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 JOSEPHINE ST  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1515 JOSEPHINE ST  
KEY WEST, FL 33040

**New Mailing Address:**

1107 KEY PLAZA #260  
KEY WEST, FL 33040

**FEI Number:** 51-0610933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, JILL  
1515 JOSEPHINE ST  
KEY WEST, FL 33040 US

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

WOLFE, JILL  
1107 KEY PLAZA #260  
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: JILL WOLFE

01/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOLFE, JILL  
Address: 1515 JOSEPHINE ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: HERBST, JEFFREY WOLFE  
Address: 1515 JOSEPHINE ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: HARRISON, BEN  
Address: 827 WHITE 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: JILL WOLFE

PRES

01/30/2008

Electronic Signature of Signing Officer or Director

Date