

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 043 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                     |                                                             |                                                                                   |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N05000010024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                             |  |                                                                   |
| 1. Entity Name<br><b>KEY WEST IN COCONUT GROVE I CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                     |                                                             |                                                                                   |                                                                   |
| Principal Place of Business<br>10250 SW 110TH STREET<br>MIAMI, FL 33176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                     | Mailing Address<br>10250 SW 110TH STREET<br>MIAMI, FL 33176 |                                                                                   |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     | 3. Mailing Address                                          |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                     | Suite, Apt. #, etc.                                         |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                     | City & State                                                |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country               | Zip                                                                                 | Country                                                     | 4. FEI Number<br><b>41-2195432</b>                                                |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                     |                                                             | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                     |                                                             | \$8.75 Additional Fee Required                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>ARRICK, BRUCE A ESQ<br/>9130 SOUTH DADELAND BLVD SUITE 1500<br/>MIAMI, FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                     |                                                             |                                                                                   |                                                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                             | \$5.00 May Be<br>Added to Fees                                                    |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Make check payable to<br>Florida Department of State                                |                                                             |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                     |                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                     | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BAUER, CHAD           |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10250 SW 110TH STREET |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI, FL 33176       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                     | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RAPANOS, JOHN         |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10250 SW 110TH STREET |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI, FL 33176       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                     | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PARSONS, ANTHONY      |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10250 SW 110TH STREET |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI, FL 33176       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <input type="checkbox"/> Delete                                                     |                                                             | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                     |                                                             | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                             | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     |                                                             | CITY-ST-ZIP                                                                       |                                                                   |
| 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 officers empowered. |                       |                                                                                     |                                                             |                                                                                   |                                                                   |
| SIGNATURE: _____<br><small>Signature and typed or printed name of signing officer or director</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                     |                                                             | Date _____<br><small>Daytime Phone # _____</small>                                |                                                                   |

66001235



01132006 Chg-NP CR2E037 (11/05)

ATTACHMENT



66001235

2195432

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

800-829-4955

KEY WEST IN COCONUT GROVE I CONDOMINIUM ASSOCIATION, IN  
10250 SW 110TH STREET  
MIAMI, FL 33176

Subject: **KEY WEST IN COCONUT GROVE I CONDOMINIUM ASSOCIATION,**

Reference Number: **N05000010024**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION