

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010844

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** COURTHOUSE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 KENNEDY DRIVE  
SUITE 305  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5505 N. ATLANTIC AVE.  
SUITE 207  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 20-4635223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLISON, JOHN R III  
6803 OVERSEAS HWY  
MARATHON, FL 33050 US

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

ALLISON, JOHN R III  
1010 KENNEDY DRIVE  
STE 302  
KEY WEST, FL 33050 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:

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCFADDEN, VICTORIA  
Address: 300 SOUTHARD 106  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: GOLAN, KEITH  
Address: 1500 ATLANTIC BLVD UNIT 109  
City-St-Zip: KEY WEST, FL 33040

Title: VP/S ( ) Delete  
Name: HEADRICK, KAREN  
Address: 1010 KENNEDY DRIVE, SUITE 305  
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: KAREN HEADRICK

AGEN

04/22/2009

Electronic Signature of Signing Officer or Director

Date