

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011318

FILED
Jun 22, 2009
Secretary of State

Entity Name: THE MEADOWS OF KEY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

916 FLEMING STREET.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

916 FLEMING STREET.
KEY WEST, FL 33040

New Mailing Address:

P O BOX 992
KEY WEST, FL 33041

FEI Number: 20-4714881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COVAN, DIANE T
1901 FOGARTY AVE., #1
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: TRACY, ROBERT L
Address: 916 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

Title: VSD () Delete
Name: LEARD, DAMON
Address: 916 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: DELISSE, PASCAL
Address: 916 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: DELISSE, PASCAL
Address: 916 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

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: ROBERT L TRACY

PDT

06/22/2009

Electronic Signature of Signing Officer or Director

Date