

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012353

1. Entity Name
320 WILLIAM STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**320 WILLIAM ST
KEY WEST, FL 33040**

Mailing Address
**320 WILLIAM ST
KEY WEST, FL 33040**



01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5232570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, BARBARA
320 WILLIAM ST
KEY WEST, FL 33040**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000610927
02/02/07-80040-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWERS, BARBARA
320 WILLIAM ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWERS, RICHARD
320 WILLIAM ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENTLEY, BJ
320 WILLIAM ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Barbara Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #