

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05861</b>	
1. Entity Name THE OLD TOWN CONDOMINIUM OWNERS ASSOCIATION, INC.	
Principal Place of Business 623 THOMAS STREET KEY WEST, FL 33040	Mailing Address 623 THOMAS STREET B KEY WEST, FL 33040 US



07102006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

YOUNG, JULIE  
623 THOMAS ST UNIT B  
KEY WEST, FL 33040

**DO NOT WRITE  
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 *Julie Young* *Julie Young* *7/10/06*  
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 September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000570310  
07/14/06-80009-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORCARO, ROBERT 623 THOMAS ST UNIT D KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LEON, MARYANNE 225 E 36 ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JULIE 623 THOMAS ST UNIT B KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*Julie Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/10/06*  
Date

*3058093460*  
Daytime Phone #