

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05861

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** THE OLD TOWN CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

623 THOMAS STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

623 THOMAS STREET B  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 59-2477788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, JULIE  
623 THOMAS ST UNIT B  
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: VP  
Name: CEPHAS, DAVID  
Address: 623 THOMAS ST UNIT D  
City-St-Zip: KEY WEST, FL 33040

Title: PD  
Name: DE LEON, MARYANNE  
Address: 225 E 36 ST  
City-St-Zip: NEW YORK, NY

Title: T, S  
Name: YOUNG, JULIE  
Address: 623 THOMAS ST UNIT B  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: JULIE YOUNG

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04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date