

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05954

FILED
Jan 21, 2006
Secretary of State

Entity Name: THE WILLIAM FLEMING HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 FLEMING STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4996
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 13-3259372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALL, KATHY S
800 FLEMING ST
1B
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: P () Delete
Name: LAPPKE, CARL
Address: 918 SOUTH STREET
City-St-Zip: POINT PLEASANT, NJ 08742

Title: VP () Delete
Name: GROSE, WILLIAM
Address: 929 PARK AVE
City-St-Zip: NEW YORK, NY 10028

Title: ST () Delete
Name: EPSTEIN, JILL
Address: 223 BEACON ST
City-St-Zip: BOSTON, MA 02116

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 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: CARL LAPPKE

P

01/21/2006

Electronic Signature of Signing Officer or Director

Date