## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008016

FILED Mar 19, 2008 Secretary of State

Entity Name: WINDLEY KEY MOBILE HOME PARK CONDOMINIUM ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
	D OVERSEAS HIGHWAY ADA, FL 33036	
urrent N	lailing Address:	New Mailing Address:
4861 OL	D OVERSEAS HIGHWAY	
2 SLAMOR	ADA, FL 33036	
	r: 20-5583405 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
	,	, , , , , , , , , , , , , , , , , , , ,
/RIGHT, 711 OVE	d Address of Current Registered Ager THOMAS D RSEAS HIGHWAY ON, FL 33050 US	nt: Name and Address of New Registered Agent:
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
GNATU		
	Electronic Signature of Registere	ed Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
tle: ame: ddress: ty-St-Zip:	PD () Delete FOSTER, DENNIS 84961 OLD HIGHWAY UNIT 2 ISLAMORADA, FL 33036	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
tle: ame: ddress:	VD ( ) Delete HOTTINGER, SUSAN 84961 OLD HIGHWAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
ty-St-Zip:	ISLAMORADA, FL 33036	
ty-St-Zip: tle: ame: ddress: ty-St-Zip:	ST () Delete DAILY, FRED 84961 OLD HIGHWAY ISLAMORADA, FL 33036	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
tle: ame: ldress:	ST () Delete DAILY, FRED 84961 OLD HIGHWAY	Title: ( ) Change ( ) Addition Name: Address:
le: ume: ldress: ty-St-Zip: le: ume:	ST () Delete DAILY, FRED 84961 OLD HIGHWAY ISLAMORADA, FL 33036  T () Delete WESOCKES, CHARLES 84861 OLD OVERSEAS HIGHWAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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.

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SIGNATURE:	DENNIS FOSTER	PD	03/19/2008	