## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006334

FILED Apr 30, 2008 Secretary of State

Entity Name: BEACHSIDE KEY WEST RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 506 FLEMING ST. 506 FLEMING STREET KEY WEST, FL 33040 KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 506 FLEMING STREET C/O LUZ ARMENDARIZ 506 FLEMING ST KEY WEST, FL 33040 KEY WEST, FL 33040 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPOTTSWOOD, ROBERT A A.G.C. CO 200 S. ORANGE AVE., STE. 2300 **506 FLEMING STREET** US ORLANDO, FL 32801 KEY WEST, FL 33040 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: ROBERT A. SPOTTSWOOD 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition SPOTTSWOOD, JOHN M JR Name: Name: Address: Address: 506 FLEMING STREET City-St-Zip: City-St-Zip: KEY WEST, FL 33040 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: DEBOER, ERIK Address: Address: 1109 EATON STREET City-St-Zip: City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: DST ( ) Change (X) Addition SPOTTWOOD, WILLIAM B Name: Name: 506 FLEMING STREET Address: Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040 AS Title: () Delete Title: ( ) Change (X) Addition Name: Name: SPOTTSWOOD, ROBERT A 506 FLEMING STREET Address: Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. SPOTTSWOOD AS 04/30/2008