


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90026 040 \*\*\*\*61.25

<b>DOCUMENT # N09678</b> 1. Entity Name KNIGHT'S KEY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business KYLE WAY, EAST MARATHON, FL 33050			Mailing Address 5800 OVERSEAS HWY 6 MARATHON, FL 33050		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5800 Overseas Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 6			
City & State		City & State Marathon FL			
Zip	Country	Zip 33050	Country USA	4. FEI Number 59-2625673	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRUSZKA, LINDA 5800 OVERSEAS HWY SUITE 6 MARATHON, FL 33050				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBIN, TIM <input type="checkbox"/> Delete 151 BUSH DR MIDDLETOWN, RI 02842		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNSTERER, JERRY <input checked="" type="checkbox"/> Delete 390 RT 15 SOUTH WHARTON, NJ 07885		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREG COLDIRON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 43 Kyle Way South Marathon FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KYLE, JAMES <input type="checkbox"/> Delete 40 KYLE WAY WEST MARATHON, FL 33050		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Tim Tobin - President</i>			Date <i>3/3/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					