

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15505

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** LE PHARE KEY BISCAYNE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

798 CRANDON BLVD.  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490720  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 59-2775969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHELE & ASSOCIATES CAM, INC  
800 CRANDON BLVD SUITE 102  
KEY BISCAYNE, FL 33149 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: PD ( ) Delete  
Name: JOY JURGENSMEYER  
Address: 798 CRANDON #11  
City-St-Zip: KEY BISCAYNE, FL

Title: VPD ( ) Delete  
Name: PENNELL, SUSIE  
Address: 798 CRANDON BLVD. #1  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete  
Name: COTO, GLADYS  
Address: 798 CRANDON BLVD.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete  
Name: COOTE, JENNIFER  
Address: 798 CRANDON BLVD. #10  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: PRIOR, DONALD  
Address: 798 CRANDON BLVD. #43  
City-St-Zip: KEY BISCAYNE, FL 33149

**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:

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 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: DON PRIOR

P

04/20/2009

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

\_\_\_\_\_  
Date