2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# N18259

Entity Name: MAXWELL GABLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

906-C FRANCES STREET
KEY WEST, FL 330403360

New Principal Place of Business:

908-C FRANCES STREET
KEY WEST, FL 330403360

Current Mailing Address:

906-C FRANCES STREET
KEY WEST, FL 330403360

New Mailing Address:

908-C FRANCES STREET
KEY WEST, FL 330403360

FEI Number: 65-0562100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, W G
906-C FRANCES STR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MICHAUD, DON M
908-C FRANCES STR
KEY WEST, FL 33040 US

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: DON M MICHAUD 03/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHORT, GINNI
Address: 908-A FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: RODRIGUEZ, W G
Address: 906-C FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: MICHAUD, DON
Address: 908-C FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PROKOPEAK, MARK S
Address: 908-C FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

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: DON M MICHAUD TD 03/22/2006
Electronic Signature of Signing Officer or Director Date