

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N19604

1. Entity Name
TRUMAN AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1209 TRUMAN AVE.
#3
KEY WEST, FL 33040

Mailing Address

1209 TRUMAN AVE.
#3
KEY WEST, FL 33040



01292006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0038007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WEECHTER, AARON
1209 TRUMAN AVE., #3
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
WECHTER, AARON
1209 TRUMAN AVE. #3
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEONARD, KAREN
1209 TRUMAN AVE. #3
KEY WEST, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALLEN, SHAWNA
1209 TRUMAN AVE, #5
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MALY, KENNETH
1209 TRUMAN AVE., #4
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, ERIC
1209 TRUMAN AVE, #5
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000414393
02/11/06-80036-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aaron Wechter 1/29/06 305-293-8809