


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N19604 1. Entity Name TRUMAN AVENUE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1209 TRUMAN AVE. #3 KEY WEST, FL 33040	Mailing Address 1209 TRUMAN AVE. #3 KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0038007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEECHTER, AARON 1209 TRUMAN AVE., #3 KEY WEST, FL 33040
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

1100000583795
01/12/07-80010-025 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: Aaron Wechter 8 Jan. 2007 305 293-8809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #