2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N19604

Entity Name: TRUMAN AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1209 TRUMAN AVE.
#3
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1209 TRUMAN AVE.
#3
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0038007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WECHTER, AARON
1209 TRUMAN AVE., #3
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: AARON WECHTER 01/06/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDT
Name: WECHTER, AARON
Address: 1209 TRUMAN AVE. #3
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: LEONARD, KAREN
Address: 1209 TRUMAN AVE. #3
City-St-Zip: KEY WEST, FL

Title: SD
Name: ALLEN, SHAWNA
Address: 1209 TRUMAN AVE, #5
City-St-Zip: KEY WEST, FL 33040

Title: VD
Name: MALY, KENNETH
Address: 1209 TRUMAN AVE., #4
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: ALLEN, ERIC
Address: 1209 TRUMAN AVE, #5
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: AARON WECHTER MR. 01/06/2010
Electronic Signature of Signing Officer or Director Date