

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28395

FILED
Jan 17, 2006
Secretary of State

Entity Name: KEY WEST VILLAGE HOMEOWNERS ASSOCIATION OF TEQUESTA, INC.

Current Principal Place of Business:

P O BOX 3116
TEQUESTA, FL 33469

New Principal Place of Business:

P O BOX 3116
TEQUESTA, FL 33469 US

Current Mailing Address:

P O BOX 3116
TEQUESTA, FL 33469

New Mailing Address:

P O BOX 3116
TEQUESTA, FL 33469 US

FEI Number: 65-0136578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOKOS, CHRISTOPHER
100 INTRACOASTAL CIRCLE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

MOKOS, JOSEPH
152 INTRACOASTAL CIRCLE
TEQUESTA, FL 33469 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: JM

01/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOKOS, CHRISTOPHER
Address: 100 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: DV () Delete
Name: DRISCOLL, MARYLYN
Address: 112 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: DTS () Delete
Name: MOKOS, JOSEPH
Address: 152 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KINNEBREW, KEVIN
Address: 120 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: DS (X) Change () Addition
Name: DRISCOLL, MARYLYN
Address: 112 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: DV (X) Change () Addition
Name: MOKOS, JOSEPH
Address: 152 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: DT () Change (X) Addition
Name: HIRSCHBERG, STEVE
Address: 124 INTRACOASTAL CIRCLE
City-St-Zip: TEQUESTA, FL 33469

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: JM

DV

01/17/2006

Electronic Signature of Signing Officer or Director

Date