

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N30027

1. Entity Name
THE CUBAN CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1102-A DUVAL ST
KEY WEST, FL 33040 US

Mailing Address
1102 B DUVAL ST
KEY WEST, FL 33040 US



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0150520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DONALDSON, MARY
1901 S. ROOSEVELT BLVD., 403
KEY WEST, FL 33040

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONALDSON, MARY
STREET ADDRESS	1901 S. ROOSEVELT BLVD., #403N
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	VPD
NAME	BRUCOLERI, DOMINIC
STREET ADDRESS	39-12 215TH STREET
CITY-STATE-ZIP	BAYSIDE, NY 11361
TITLE	TD
NAME	SADDLER, CONNIE
STREET ADDRESS	1102 A DUVAL ST
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	SD
NAME	FRANKE, LOUI G.
STREET ADDRESS	1111 12TH STREET, STE. 103
CITY-STATE-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UD00000257419
03/09/05-80055-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #