## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30027

FILED Apr 17, 2007 Secretary of State

Entity Name: THE CUBAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1102-A DUVAL ST

KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

1102 B DUVAL ST 1023 CATHERINE ST

KEY WEST, FL 33040 US KEY WEST, FL 33040 US

FEI Number: 65-0150520 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, MARY
1901 S. ROOSEVELT BLVD., 403
MICHELLE CLAUSON, CPA, PA
1023 CATHERINE ST

KEY WEST, FL 33040 US 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: MICHELLE CLAUSON KIRBY 04/17/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: DONALDSON, MARY Name: BRUCOLERI, DOMINICLE

 Address:
 1901 S. ROOSEVELT BLVD., #403N
 Address:
 39-12 215TH ST

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 BAYSIDE, NY 11361

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRUCOLERI, DOMINICLE
 Name:

 Address:
 39-12 215TH STREET
 Address:

 City-St-Zip:
 BAYSIDE, NY 11361
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SADDLER, CONNIE
 Name:

 Address:
 1102 A DUVAL ST
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{( ) Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{( ) Change ( ) Addition}$ 

 Name:
 FRANKE, LOÙÍ G.
 Name:

 Address:
 1111 12TH STREET, STE. 103
 Address:

 City-St-Zip:
 KEY WEST, FL
 City-St-Zip:

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: DOMINICLE BRUCOLERI PD 04/17/2007