

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35479

FILED
Apr 21, 2009
Secretary of State

Entity Name: KEY MANOR APARTMENTS, INC.

Current Principal Place of Business:

C/O CHESTER V. COLE
1315 NORTH VANNORTWICK ROAD
LECANTO, FL 344619710 US

New Principal Place of Business:

Current Mailing Address:

130 HEIGHTS AVE
INVERNESS, FL 34452 US

New Mailing Address:

FEI Number: 59-2984975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, CHESTER V
1315 NORTH VANNORTWICK ROAD
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRENNAN, NEALE
Address: 4351 E PARSONS POINT RD
City-St-Zip: HERNANDO, FL 344423475 US

Title: D () Delete
Name: ZEMANIK, CAROLYN
Address: 2575 N LANTERN TERRACE
City-St-Zip: HERNANDO, FL 34442 US

Title: STD () Delete
Name: LEVINS, RUTH
Address: 3930 N SEMINOLE PT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: D () Delete
Name: HEPFER, ROBERT B MR.
Address: 5684 E. CARLTON COURT
City-St-Zip: INVERNESS, FL 344600170 US

Title: D () Delete
Name: DODGE, EDWARD DR.
Address: 8581 E SWEETWATER DR
City-St-Zip: INVERNESS, FL 34450 US

Title: VP () Delete
Name: DETMER, E D
Address: 85 S MAYLAN AVE
City-St-Zip: LECANTO, FL 34461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RUTH L. LEVINS

S/T

04/21/2009

Electronic Signature of Signing Officer or Director

Date