2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36846

City-St-Zip:

BIG PINE KEY, FL 33043

FILED Jul 17, 2007 Secretary of State

Entity Name: THE PEGASUS HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1106 ANGELA ST. KEY WEST, FL 33040 US **Current Mailing Address: New Mailing Address:** C/O WILBUR DYESS C/O PASQUALE J CORELLA P.O. BOX 5501 603 ANGELA STREET KEY WEST, FL 33045 KEY WEST, FL 33040 FEI Number: 65-0256338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYESS, WILBUR L CORELLA, PASQUALE J 1106 ANGELA ST. 1106 ANGELA 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: PASQUALE J CORELLA 07/17/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CORELLA, PASQUALE J Name: Name: 1106 ANGELA ST Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: DYESS, WILBUR L Name: Address: 1106 ANGELA ST Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition VERELINE, CATHERINE A Name: JASON, MCCOY Name: P.O. BOX 430599 1106 ANGELA ST UNIT #1 Address: Address:

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.

City-St-Zip:

KEY WEST, FL 33040

SIGNATURE: PASQUALE J CORELLA PD 07/17/2007