


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 011 ****61.25

DOCUMENT # N97000005428 1. Entity Name KRYSTAL KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2590 N. BEACH RD. BOX 6 ENGLEWOOD, FL 34223 US			Mailing Address 2015 EWING AVE SOUTH MINNEAPOLIS, MN 55416 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0794704 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLBAUM, JR, R.W. ESQ 686 NORTH INDIAN AVE SUITE A ENGLEWOOD, FL 34223			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLLER, GUIDO		NAME		
STREET ADDRESS	6313 MENZINGEN		STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUIZINGA, BARBARA		NAME		
STREET ADDRESS	2590 N. BEACH RD. SUITE 2000		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, IRENE A		NAME		
STREET ADDRESS	2015 EWING AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55416		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEUDOIN, MICHAEL H		NAME	Beaudoin, michael H	
STREET ADDRESS	2590 N. BEACH ROAD SUITE 1000		STREET ADDRESS	2590 N. Beach Road	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	Englewood, FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAUDOIN, BEVERLY		NAME	Mickey Cohn	
STREET ADDRESS	2590 N BCH RD, STE 3500		STREET ADDRESS	2590 N. Beach Road	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Irene A. Carlson, Secretary</i>			1-26-08 612-374-2802		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		