


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90017 029 ****61.25

DOCUMENT # N98000001294	
1. Entity Name KEY WEST NORTH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1201-1207 GULF DRIVE NORTH HOLMES BEACH FL 34217 BRADENTON BEACH, FL 34217-2322	Mailing Address 3900 S FLORIDA AVE LAKELAND FL 33813
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2. Principal Place of Business SAME AS ABOVE	3. Mailing Address 1203 GULF DR. N. BRADENTON BEACH
Suite, Apt. #, etc. "	Suite, Apt. #, etc. "
City & State "	City & State FLORIDA
Zip "	Country "
Zip 34217-2322	Country U.S.A

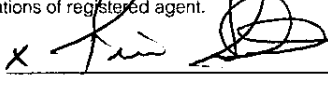


MOORE CR2E037 (11/03)

4. FEI Number 65-1012047	Applied For <input type="checkbox"/> Not Applicable
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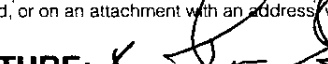
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, JERRY D. 3900 SOUTH FLORIDA AVE LAKELAND FL 33813		7. Name and Address of New Registered Agent TIM GIBBONS PRESIDENT 1207 GULF DR. N. BRADENTON BEACH, FL 34217-	
Name TIM GIBBONS		Name TIM GIBBONS	
Street Address (P.O. Box Number is Not Acceptable) 1207 GULF DR. N.		Street Address (P.O. Box Number is Not Acceptable) 1207 GULF DR. N.	
City BRADENTON BEACH, FL		City BRADENTON BEACH, FL	
Zip Code 34217-		Zip Code 34217-	

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 	DATE 2-1-04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, JERRY D		NAME TIMOTHY H. GIBBONS	
STREET ADDRESS 3900 SOUTH FLORIDA AVE		STREET ADDRESS 1207 GULF DR. N.	
CITY-ST-ZIP LAKELAND FL 33813		CITY-ST-ZIP BRADENTON BEACH, FLORIDA 34217-2322	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUNTER, DENISE M		NAME GILBERT C. PIEROLA, SR	
STREET ADDRESS 3900 SOUTH FLORIDA AVE		STREET ADDRESS 1203 GULF DR. N.	
CITY-ST-ZIP LAKELAND FL 33813		CITY-ST-ZIP BRADENTON BEACH FLORIDA 34217-2322	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANG, DARLA D		NAME GARY HOYLE	
STREET ADDRESS 3900 SOUTH FLORIDA AVE		STREET ADDRESS 1205 GULF DR. N.	
CITY-ST-ZIP LAKELAND FL 33813		CITY-ST-ZIP BRADENTON BEACH, FLORIDA 34217-2322	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUNTER, STEVEN L		NAME CELIA MORENO - 1201 GULF DR N	
STREET ADDRESS 3900 SOUTH FLORIDA AVE		STREET ADDRESS 4094 VILLA VISTA	
CITY-ST-ZIP LAKELAND FL 33813		CITY-ST-ZIP BRADENTON BEACH FL 34217-2322	
TITLE D	<input type="checkbox"/> Delete	TITLE PALO ALTO, CALIFORNIA 94306	
NAME "		NAME "	
STREET ADDRESS "		STREET ADDRESS "	
CITY-ST-ZIP "		CITY-ST-ZIP "	
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 exemption stated in Section 119.07(3)(i), 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: 	DATE: 2-1-04 DAYTIME PHONE: 941-714-0890