

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005560

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** SECLUDED GARDENS OF KEY WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

911 UNITED STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1324  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 65-1000961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAT CLYNE  
713 EMMA STREET  
APARTMENT 1  
KEY WEST, FL 33040 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: PD  
Name: NEIGHOFF, MARY P  
Address: 911 UNITED STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: CLYNE, PAT  
Address: 713 EMMA STREET  
City-St-Zip: KEY WEST, FL 33040

Title: STD  
Name: HAMMOND, STEPHEN  
Address: 909 UNITED STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: MARY PATRICIA NEIGHOFF

PD

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date