

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005659

FILED
Apr 09, 2006
Secretary of State

Entity Name: SUNSET MARINA DOCKOMINIUM OF KEY WEST ASSOCIATION, INC.

Current Principal Place of Business:

5555 COLLEGE RD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5555 COLLEGE RD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0900001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, MARLYN G
5555 COLLEGE RD
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

ALEXANDER, JOANNE E
5555 COLLEGE RD
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: JOANNE E. ALEXANDER

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERICKSON, MARLYN G
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: VSTD () Delete
Name: ALEXANDER, JIM
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ANDRIX, JOHN
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KENDALL, GREGORY
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: VSD (X) Change () Addition
Name: ALEXANDER, JOANNE
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change () Addition
Name: ERICKSON, MARLYN G
Address: 5555 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANNE E. ALEXANDER

VSD

04/09/2006

Electronic Signature of Signing Officer or Director

Date