# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**
04-11-2005 90188 002 ****61.25

DOCUMENT # N99000000809

1. Entity Name
KEY COVE HOMEOWNER'S ASSOCIATION, INC.

50036399

| Principal Place of Business | Mailing Address |
|---|---|
| 201 FRONT STREET., #224<br>KEY WEST, FL 33040 | 201 FRONT STREET., #224<br>KEY WEST, FL 33040 |

04072005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc.<br>#110 | | Suite, Apt. #, etc.<br>#110 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
65-1109370
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ANDERSON, WILLIAM E<br>501 WHITEHEAD STREET<br>KEY WEST, FL 33040 | Name MICHELLE CATES-DEAL<br>Street Address (P.O. Box Number is Not Acceptable)<br>201 Front St #110<br>City KEY WEST FL Zip Code 33040 |

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 Michelle Cates Deal 4/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SWIFT, EDWIN O III<br>201 FRONT STREET, SUITE 224<br>KEY WEST, FL 33040 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MICHAEL NADHERNY, DIR<br>3029 N ROOSEVELT BLVD #18<br>KEY WEST, FL 33040 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MOSHER, GERALD JR<br>201 FRONT STREET., #310<br>KEY WEST, FL 33040 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>ERICA HUGHES<br>3029 N ROOSEVELT BLVD #32<br>KEY WEST, FL 33040 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BELLAND, CHRISTOPHER<br>201 FRONT STREET, SUITE 224<br>KEY WEST, FL 33040 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LESLIE DALTON<br>3029 N ROOSEVELT BLVD #10<br>KEY WEST, FL 33040 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MCPHERSON, BEN<br>201 FRONT STREET, SUITE 107<br>KEY WEST, FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>BENJAMIN MCPHERSON<br>201 Front St #107<br>KEY WEST, FL 33040 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>SCARLET BODMER<br>3029 N ROOSEVELT BLVD #38<br>KEY WEST, FL 33040 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 4/7/05 305-292-8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #