2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000809

1. Entity Name

SIGNATURE:

KEY COVE HOMEOWNER'S ASSOCIATION, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90936 012 ****61.25

							A STATE OF THE STA	1					
Principal Place of Business 201 FRONT STREET #310 KEY WEST FL 33040				Mailing Address 201 FRONT STREET #310 KEY WEST FL 33040					. 1881//81 618			00105 10111 55)
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State					4. FEI Number 65-1109370				oplied For ot Applicable
Zip	Zip Country			Zip Cou			ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current									7. Name and Address of New Registered Agent				
	. 5		ಲಾಭಾರ ಕ್ ರಾ	~			- Name			سور مسا		- :	
Anderson, William E 501 Whitehead Street				Street Address			ss (P.	P.O. Box Number is Not Acceptable)					
KEY WEST FL 33040													
							City FL Zip Code						e
			s statement for t	he purp	oose of changing its	registere	ed office or regis	stere	d agent, or both, ir	the State of	Florida. I am fa	ımiliar with,	and accept
the obligat	tions of registere	d agent.											
SIGNATURE.	Signature, typed or pr	rinted name	of registered agent an	d title if an	nlicable. (NOTE	: Registered	1 Agent signature requ	uired w	vhen reinstating)		DATE		 [
<u>.</u>				_	,,,,,,					1			
54 5 NOW 555 10 ASI 05					9. Election Campaign Financing				\$5.00 May Be	R	Make Check	Pavable	to
FILE NOW: FEE IS \$61.25				Trust Fund Contribution.					Added to Fees		rida Depart		
		••											
10.	IBD	OFFI	ERS AND DIRE	CTORS	S	11.		Αl	DDITIONS/CHANG	SES TO OFFI	CERS AND DIR	_	
TITLE	PD Swift, Edwi	NI O III			☐ Delete	TITLE						Change	☐ Addition
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	KEY WEST FI						ST-ZIP						13
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	MOSHER, GE	rald J	Ŕ			NAME	i			,			[
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	KEY_WEST FI	L 33040				CITY-	ST-ZIP	:			حسر ہے ہے		
1116	SD				☐ Delete	TITLE						Change	☐ Addition
	BELLAND, CH					NAME							
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TITLE NAME	MCPHERSON	REN			☐ Delete	TITLE						☐ Change	☐ Addition
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CITY-ST-ZIP	KEY WEST FI				•	CITY-	ST-ZIP	٠٠					
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NAME OTREET ARRESTO						NAME							
STREET ADDRESS CITY-ST-ZIP				٠.			ST-ZIP						
	entify that the inf	formation	eunnlied with the	nie filina	does not qualify for			Sec	tion 119 07/21/i) =	Inrida Statuto	e I further corti	fy that the i	oformation

2. I bereby 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.

FAWINDSWITTE 4/11/03

305-294-4142