


FILED
Aug 01, 2008 8:00 am
Secretary of State

DOCUMENT # N99000003371			
1. Entity Name CAROLINE STREET CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 912 GEORGIA ST. 5750 2nd Ave KEY WEST, FL 33040		Mailing Address P.O. BOX 4559 5750 2nd Ave KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
HARRISON, BEN Bringle, Steve 827 WHITE STREET 5750 2nd Ave KEY WEST, FL 33040			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <u>SKZ</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LICHTENSTEIN, GARY Bringle, Steve <input type="checkbox"/> Delete 720 CAROLINE STREET 5750 2nd Ave KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHEUERMAN, KARL <input checked="" type="checkbox"/> Delete 1201 OLIVIA ST KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BATTY, PETER <input type="checkbox"/> Delete 912 GEORGIA STREET KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>SKZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			