2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003371

1. Entity Name



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

08-01-2008 90039 007 ****61.25

Daytime Phone #

| CAROLIN | IE STREET CONDOMINIU | M ASS | OCIATION,INC. | | | | | | | |
|--|--|---------------------------------------|--|---------------------------|--|---|---|-----------------------------------|------------------------------------|--------------------------|
| Principal Place 912 GEORGIA KEY WEST, FL | g Address 86X 4559 575 WEST, FL 33040 | o 2nd | Ave | | | | | | | |
| | | | | | | | | | | |
| 2. Principal Pl | lace of Business - No P.O. Box # | 3. Mai | 3. Mailing Address | | | | | iii ba aii baas iii | L u Liill L uu bi li | .0.1901 01 6601 |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | 07232008 | Chg-NP | CR2E037 | 7 (12/06) | |
| City & State | | City & State | | | | 4. FEI Number 65-1080 | 196 | | | pplied For ot Applicable |
| Zip | Country | Zir | Zip Coun | | | 5. Certificate o | f Status Desired | | 8.75 Add | |
| | 6. Name and Address of Curren | t Registere | | | | 7. Name and Address of New Registered Agent | | | | |
| MARRISON, BEN. Bringle, Steve 827 WHITE STREET 5750 2Nd Ave | | | Na | Name | | | | | | |
| 827 WHITE STREET 5750 2nd Ave KEY WEST, FL 33040 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| · . | | | | | ty | | | FL | Zip Cod | de |
| 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 obligati | ions of registered agent. | <u></u> | | | | | | alast c | | |
| SIGNATURE . | Signature, typed or printed name of registered ager | nt and title if app | olicable. (NOTE: R | Registered Agen | it signature required | when reinstating) | | 7/29/0f | | |
| Filing Fee is \$61.25 9. Election Campaign F Due by September 12, 2008 Trust Fund Contribution | | | | | cing | \$5.00 May Be Added to Fees | 1 | ilake check rida Departi | | |
| 10. | OFFICERS AND D | | | 11. | | ADDITIONS/CHAI | VGES TO OFFICE | RS AND DIR | ECTORS IN | V 10 |
| TITLE : | La sela Storia | | | TITLE NAME | | | | | ☐ Change | Addition |
| STREET ADORESS CITY-ST-ZIP | 720 CAROLINE STREET 57: KEY WEST, FL 33040 | 50 2n | d Ave | STREET ADD | 1 | | | | | |
| TITLE | TD | | Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | SCHEUERMAN, KARL | | | NAME | | | | | _ • | _ |
| STREET ADDRESS CITY-ST-ZIP | 1201 OLIVIA ST KEY WEST, FL 33040 | | | STREET ADD CITY-ST-ZII | l l | | | | | |
| TITLE | VD | · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | BATTY, PETER 912 GEORGIA STREET | | | NAME | anco | | | | | |
| STREET ADDRESS CITY-ST-ZIP | KEY WEST, FL 33040 | | | STREET ADD | . | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAME STREET ADD | 20000 | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZI | | | | | | |
| TITLE | | | ☐ Defete | TITLE | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAME STREET ADD | JBEGG | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZII | 1 | | | | | |
| TITLE | | | ☐ Delete | TITLE | - | | | | Change | Addition |
| NAME STREET ADDRESS | | | | NAME STREET ADD | NRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZII | 1 | | | • | | |
| indicated of the corp | certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address | is true and powered to | accurate and that my execute this report as | signature s | shall have the s | same legal effect | as if made under | oath; that I ar | m an office | r or director |

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: