

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001908

FILED
Apr 18, 2009
Secretary of State

Entity Name: NEWTON STREET CONDOMINIUM, INC.

Current Principal Place of Business:

1220 NEWTON ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4034
KEY WEST, FL 33041 US

New Mailing Address:

FEI Number: 04-3699610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSHNER, MARINA
1220 NEWTON STREET
UNIT 5
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MATTSON, WILLIAM
1220 NEWTON STREET
UNIT 3
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: WILLIAM MATTSON

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUSHNER, MARINA
Address: 1220 NEWTON ST.#5
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: MATTSON, BILL
Address: P.O. BOX 4873
City-St-Zip: KEY WEST, FL 33041

Title: TS () Delete
Name: SHEEDY, ROBERT
Address: 1220 NEWTON ST. #5
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTSON, WILLIAM
Address: 1220 NEWTON ST.#3
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: KUSHNER, MARINA
Address: P.O. BOX 4873
City-St-Zip: KEY WEST, FL 33041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L MATTSON

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date