


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90349 037 ***158.75

DOCUMENT # P03000035618	
1. Entity Name LEEWARD ISLE CONDOMINIUM OF KEY WEST ASSOCIATION, INC.	

Principal Place of Business 906 TRUMAN AVE. KEY WEST FL 33040	Mailing Address 906 TRUMAN AVE. KEY WEST FL 33040
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MOORE CR2E034 (11/03)

2. Principal Place of Business 906 TRUMAN AV. Suite, Apt. #, etc. #2 City & State KEY WEST FL Zip 33040 Country MONROE	3. Mailing Address 906 TRUMAN AV Suite, Apt. #, etc. #2 City & State KEY WEST FL Zip 33040 Country MONROE
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANKE, LEE 906 TRUMAN AVE. KEY WEST FL 33040
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7. Name and Address of New Registered Agent Name LEE HANKE Street Address (P.O. Box Number is Not Acceptable) 906 TRUMAN AV #2 City KEY WEST FL Zip Code 33040
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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 <u>Lee Hanke</u> DATE <u>4-25-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	
NAME HANKE, LEE	
STREET ADDRESS 906 TRUMAN AVE. #2	
CITY-ST-ZIP KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: <u>Lee Hanke</u> DATE <u>4-25-04</u> DAYTIME PHONE # <u>305-304-4600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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