

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #P03000041567**

1. Entity Name  
**GRINNELL SQUARE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1117 GRINNELL STREET  
#5  
KEY WEST, FL 33040**

Mailing Address  
**1117 GRINNELL STREET  
#5  
KEY WEST, FL 33040**

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-P CR2E034 (11/05)

4. FET Number  
**56-2408521**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COUGHLIN, JULIE  
1117 GRINNELL STREET  
#5  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COUGHLIN, JULIE
STREET ADDRESS	1117 GRINNELL ST. #5
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SOUSA, GREGORY
STREET ADDRESS	1117 GRINNELL ST. #2
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06 00057-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Julie Coughlin* **JULIE COUGHLIN** 2/24/06 305-296-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #