2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# P06000069942

Entity Name: KEYS DEL BOCA VISTA PHASE II, INC.

Current Principal Place of Business:

85 TRANQUILITY WAY
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

C/O MARY SINCLAIR, AGENT
23550 CENTER RIDGE ROAD #206
WESTLAKE, OH 44145 US

New Mailing Address:

FEI Number: 20-5008772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, CHARLES T
510 EMMA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SIMON, CHARLES T
1500 SEMINARY STREET #5A
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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMON, CHARLES T
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: VP ( ) Delete
Name: SIMON, JACQUELINE R
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: S ( ) Delete
Name: SIMON, JACQUELINE R
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: T ( ) Delete
Name: SIMON, CHARLES T
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIMON, CHARLES T
Address: 1500 SEMINARY STREET #5A
City-St-Zip: KEY WEST, FL 33040 US

Title: VP (X) Change ( ) Addition
Name: SIMON, JACQUELINE R
Address: 1500 SEMINARY STREET #5A
City-St-Zip: KEY WEST, FL 33040 US

Title: S (X) Change ( ) Addition
Name: SIMON, JACQUELINE R
Address: 1500 SEMINARY STREET #5A
City-St-Zip: KEY WEST, FL 33040 US

Title: T (X) Change ( ) Addition
Name: SIMON, CHARLES T
Address: 1500 SEMINARY STREET #5A
City-St-Zip: KEY WEST, FL 33040 US

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: CHARLES T. SIMON PRES 03/16/2009
Electronic Signature of Signing Officer or Director — Date