


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90021 044 \*\*\*150.00

<b>DOCUMENT # P98000107092</b>	
1. Entity Name <b>THE COMMUNITY ASSOCIATION COMPANY</b>	

40016356



02012005 No Chg-P CR2E034 (10/03)

Principal Place of Business <b>201 FRONT STREET, SUITE 103 KEY WEST, FL 33040</b>	Mailing Address <b>201 FRONT STREET, SUITE 103 KEY WEST, FL 33040</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0882009</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>CHRISTIAN, STERLING J 201 FRONT STREET, SUITE 103 KEY WEST, FL 33040</b>
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**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]* **STERLING CHRISTIAN**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**PRESIDENT** **2/8/05**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STERLING, CHRISTIAN 201 FRONT ST STE 103 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHRISTIAN, CONSTANCE R 201 FRONT ST STE 103 KEY WEST, FL 33040
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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: *[Signature]* **Constance Christian** **2/7/04** **305/923-7502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #