

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90090 048 ****61.25

DOCUMENT # 718540

1. Entity Name
KEY HAVEN CIVIC ASSOCIATION, INC.

Principal Place of Business PO BOX 5206 KEY WEST FL 33045	Mailing Address PO BOX 5206 KEY WEST FL 33045-5206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1968486**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PHELPS, LORRAINE H.
 32 KEY HAVEN ROAD
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE Lorraine H Phelps TD (Signature, typed or printed name of registered agent and title if applicable.)
 DATE 2/21/00 (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
FILE NOW: FEE IS \$61.25
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE D NAME CARTER, CHARLOTTE STREET ADDRESS 87 DRIFTWOOD DR CITY-ST-ZIP KEY WEST FL	<input checked="" type="checkbox"/> Delete
TITLE SD NAME HAMILTON, DANIEL STREET ADDRESS 13 BIRCHWOOD DRIVE CITY-ST-ZIP KEY WEST FL	<input type="checkbox"/> Delete
TITLE D NAME COOK, SHERON STREET ADDRESS 25 EVERGREEN CITY-ST-ZIP KEY WEST, FL 00000	<input type="checkbox"/> Delete
TITLE PD NAME HAMILTON, HENRY STREET ADDRESS 5 COCONUT DRIVE CITY-ST-ZIP KEYWEST FL	<input type="checkbox"/> Delete
TITLE TD NAME PHELPS, LORRAINE STREET ADDRESS 32 KEY HAVEN RD. CITY-ST-ZIP KEY WEST, FL 00000	<input type="checkbox"/> Delete
TITLE ATD NAME LEISY, ROBERT STREET ADDRESS 12 COCONUT DRIVE CITY-ST-ZIP KEY HAVEN FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S NAME Rich Boettger STREET ADDRESS 5 Dri Ptwood Drive CITY-ST-ZIP Key West, Fla 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Philip Arcuni STREET ADDRESS 13 W Cypress Terrace CITY-ST-ZIP Key West, Fla 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 2/21/00 DAYTIME PHONE # 296-2112

CR2E037 (9/99)