

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90038 049 \*\*\*\*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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1968486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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
State <b>FL</b>
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 [Signature] 1/15/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOETTGER, RICH</b>	
STREET ADDRESS	<b>5 DRIFTWOOD DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, DANIEL</b>	
STREET ADDRESS	<b>13 BIRCHWOOD DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOK, SHERON</b>	
STREET ADDRESS	<b>25 EVERGREEN</b>	
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, HENRY</b>	
STREET ADDRESS	<b>5 COCOANUT DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PHELPS, LORRAINE</b>	
STREET ADDRESS	<b>32 KEY HAVEN RD.</b>	
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARCUNI, PHILIP</b>	
STREET ADDRESS	<b>13 W CYPRESS TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peggy Sokoloff</b>	
STREET ADDRESS	<b>22 Allamanda Ave.</b>	
CITY-ST-ZIP	<b>Key West, Fla 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephanie Griffiths</b>	
STREET ADDRESS	<b>40 Key Haven Rd</b>	
CITY-ST-ZIP	<b>Key West, Fla 33040</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Lorraine H Phelps [Signature] 1/15/01 305-296-2112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)