

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718540

FILED
Jan 21, 2005
Secretary of State

Entity Name: KEY HAVEN CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5206
KEY WEST, FL 33045

New Principal Place of Business:

PO BOX 5206
KEY WEST, FL 33040 US

Current Mailing Address:

PO BOX 5206
KEY WEST, FL 33045

New Mailing Address:

PO BOX 5206
KEY WEST, FL 33040 US

FEI Number: 59-1968486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, LORRAINE H.
32 KEY HAVEN ROAD
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

PHELPS, LORRAINE H
32 KEY HAVEN ROAD
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: LORRAINE H. PHELPS

01/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAMILTON, DANIEL
Address: 13 BIRCHWOOD DRIVE
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: HAMILTON, HENRY
Address: 5 COCONUT DRIVE
City-St-Zip: KEYWEST, FL

Title: TD () Delete
Name: PHELPS, LORRAINE
Address: 32 KEY HAVEN RD.
City-St-Zip: KEY WEST, FL 00000,

Title: D () Delete
Name: SMITH, MARILYN
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAMILTON, DANIEL
Address: 13 BIRCHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: HAMILTON, HENRY
Address: 5 COCONUT DRIVE
City-St-Zip: KEYWEST, FL 33040 US

Title: TD (X) Change () Addition
Name: PHELPS, LORRAINE
Address: 32 KEY HAVEN RD.
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: SMITH, MARILYN
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE H. PHELPS

TD

01/21/2005

Electronic Signature of Signing Officer or Director

Date