

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 04, 2009  
Secretary of State

DOCUMENT# 718540

Entity Name: KEY HAVEN CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

32 KEY HAVEN ROAD  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5206  
KEY WEST, FL 33040 US

**New Mailing Address:**

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:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D ( ) Delete  
Name: JACKSON, MARY  
Address: ALLAMANDA TERRACE  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAMILTON, DANIEL  
Address: 22 EVERGREEN AVE.  
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

D

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date