


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90115 040 ****61.25

DOCUMENT # 718540
1. Entity Name
KEY HAVEN CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 5206 **PO BOX 5206**
KEY WEST FL 33045 **KEY WEST FL 33045**

90018060



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lorraine H. Phelps [Signature] 1/30/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOKOLOFF, PEGGY	
STREET ADDRESS	22 ALLAMANDER DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAMILTON, DANIEL	
STREET ADDRESS	13 BIRCHWOOD DRIVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITHS, STEPHANIE	
STREET ADDRESS	40 KEY HAVEN ROAD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, HENRY	
STREET ADDRESS	5 COCOANUT DRIVE	
CITY-ST-ZIP	KEYWEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHELPS, LORRAINE	
STREET ADDRESS	32 KEY HAVEN RD.	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCUNI, PHILIP	
STREET ADDRESS	13 W CYPRESS TERRACE	
CITY-ST-ZIP	KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Smith	
STREET ADDRESS	25 Allamanda Terrace	
CITY-ST-ZIP	Key West, Fla 33040	

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] 1/30/03 305 296-2112

CR2E037 (10/02)