

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03583** (4)

1. Corporation Name

**KEY WEST CULTURAL PRESERVATION SOCIETY, INC.**



Principal Place of Business <b>P.O. BOX 4837 KEY WEST FL 33041-4837</b>	Mailing Address <b>P.O. BOX 4837 KEY WEST FL 33041-4837</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/12/1984</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2631154</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAVE DELROSSO 1001 18TH ST KEY WEST FL 33040</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <b>Dave DelRosso</b> <i>[Signature]</i> <b>1-23-98</b> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S RICK MARTIN</b>
STREET ADDRESS	<b>RT 3 BOX 316</b>
CITY - ST - ZIP	<b>BIG PINEKEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VC JOANNE HASMAN</b>
STREET ADDRESS	<b>1208 VIRGINIA ST 1</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DONALD T SULLIVAN</b>
STREET ADDRESS	<b>813 SAWYER LANE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ANN SUMMERS</b>
STREET ADDRESS	<b>15TH DELMAR</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SOTO, WILL</b>
STREET ADDRESS	<b>811 UNITED ST</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SATTELEMEIRE, MIKE</b>
STREET ADDRESS	<b>5700 LAUREL AVE 63</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>S Susanne Burton</b>
1.3 STREET ADDRESS	<b>315 B. Elizabeth St.</b>
1.4 CITY - ST - ZIP	<b>Key West, FL 33040</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Doug O'Neil</b>
2.3 STREET ADDRESS	<b>47 Boundary Lane</b>
2.4 CITY - ST - ZIP	<b>Key West, FL 33040</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T Annabel O'Connor</b>
3.3 STREET ADDRESS	<b>1400 Kennedy Dr.</b>
3.4 CITY - ST - ZIP	<b>Key West, FL 33040</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>C Mike Sattelmeyer</b>
4.3 STREET ADDRESS	<b>5700 Laurel Ave. 463</b>
4.4 CITY - ST - ZIP	<b>Key West, FL 33040</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Donald T. Sullivan</b>
5.3 STREET ADDRESS	<b>623 Elizabeth St.</b>
5.4 CITY - ST - ZIP	<b>Key West, FL 33040</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> <b>1-28-98</b> <b>305-296-8425</b> Signature typed or printed name of signing officer or director Date Daytime Phone #
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CR2E037 (10/97)