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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03583

1. Corporation Name

KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

Principal Place of Business
 P.O. BOX 4837
 KEY WEST FL 33041-4837

Mailing Address
 P.O. BOX 4837
 KEY WEST FL 33041-4837



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2631154	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		24	
25		30			

9. Name and Address of Current Registered Agent

DAVE DELROSSO
1001 18TH ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BUXTON, SUSANNE	1.2 NAME	BUXTON, SUSANNE
STREET ADDRESS	315 B ELIZABETH ST	1.3 STREET ADDRESS	315 B. ELIZABETH ST.
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VC ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JOANNE HASMAN	2.2 NAME	JOANNE HASMAN
STREET ADDRESS	1208 VIRGINIA ST 1	2.3 STREET ADDRESS	1208 VIRGINIA ST. #1
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DONALD T SULLIVAN	3.2 NAME	DONALD T. SULLIVAN
STREET ADDRESS	813 SAWYER LANE	3.3 STREET ADDRESS	623 ELIZABETH ST.
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	C ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	SATTELMEIER, MIKE	4.2 NAME	SATTELMEIER, MIKE
STREET ADDRESS	5700 LAUREL AVE, #63	4.3 STREET ADDRESS	5700 LAUREL AVE. #63
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, DONALD T	5.2 NAME	DOUG O'NEIL
STREET ADDRESS	623 ELIZABETH ST	5.3 STREET ADDRESS	47 Boundary Lane
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SATTELEIRE, MIKE	6.2 NAME	ANN SUMMERS
STREET ADDRESS	5700 LAUREL AVE 63	6.3 STREET ADDRESS	15 DEL MAR BLVD.
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	KEY WEST, FL. 33040

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

295-9602

Daytime Phone #

CR2E037 (1/98)



247304-9050-41
N03583

Key West Cultural Preservation Society

Addendum to Box 13 Officers and Directors

Addition:
Director,
Joe Carter
2428 Harris Ave.
Key West, FL 33040