

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 08, 2004  
Secretary of State**

DOCUMENT# N38992

Entity Name: KEY WEST COLUMBIAN CLUB, INC.

**Current Principal Place of Business:**

724 TRUMAN AVE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 133  
KEY WEST, FL 330410133 US

**New Mailing Address:**

FEI Number: 65-0136046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHILLINGER, ROBERT  
502 WHITEHEAD STREET, THIRD FLOOR  
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: SHILLINGER, ROBERT  
Address: 1106 18TH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: BUNTING, ED  
Address: 1922 HARRIS AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VSD ( ) Delete  
Name: SIRECI, TOM  
Address: 402 APPLEROWTH LN.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MAJKA, CHRIS  
Address: 1150 GILMORE DR. APT A  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: HAMBLETT, DAN  
Address: 13 CALLE DOS  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: SERMAK, DAVID  
Address: 3371 NORTHSIDE DRIVE  
City-St-Zip: KEY WEST, FL 33040

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

Title: VSD (X) Change ( ) Addition  
Name: SHILLINGER, ROBERT  
Address: 1106 18TH STREET  
City-St-Zip: KEY WEST, FL 33040

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

Title: PD (X) Change ( ) Addition  
Name: SIRECI, TOM  
Address: 402 APPLEROWTH LN.  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: JONES, TIM  
Address: 724 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: SELLERS, FRED  
Address: 724 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

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

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: ROBERT SHILLINGER

VSD

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date