

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38992

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: KEY WEST COLUMBIAN CLUB, INC.

**Current Principal Place of Business:**

2700 FLAGLER AVENUE  
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 REAR  
KEY WEST, FL 33040 US

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

SHILLINGER, ROBERT  
1111 12TH STREET  
SUITE 408  
KEY WEST, FL 33040 US

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: ROBERT SHILLINGER      04/28/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

Title: V ( ) Delete  
Name: JONES, TIM  
Address: 2700 FLAGLER AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: SELLERS, FRED  
Address: 12 EVERGREEN DRIVE  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: ILCHUK, PETER K  
Address: 1800 ATLANTIC DRIVE, #202C  
City-St-Zip: KEY WEST, FL 33040

Title: V/S (X) Change ( ) Addition  
Name: JONES, TIM  
Address: 2700 FLAGLER AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: LABAW, AARON  
Address: 2700 FLAGLER 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 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: ROBERT SHILLINGER      P      04/28/2008  
Electronic Signature of Signing Officer or Director      Date