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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000074

1. Corporation Name

3406 NORTH ROOSEVELT BOULEVARD CORPORATION

Principal Place of Business

**3406 WEST ROOSEVELT BOULEVARD
SUITE 201
KEY WEST FL 33040
US**

Mailing Address

**3406 WEST ROOSEVELT BOULEVARD
SUITE 201
KEY WEST FL 33040
US**



2. Principal Place of Business

21 1201 White St

Suite/Apt. #, etc.

22 102

23 Key West, FL

Zip Country

24 33040-3308 25 USA

2a. Mailing Address

26 1201 White St.

Suite/Apt. #, etc.

27 102

28 Key West, FL

Zip Country

29 33040-3308 30 USA

3. Date Incorporated or Qualified

10/30/1992

4. FEI Number

65-0368637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**HUTTON, SUZANNE A.
310 FLEMING STREET
ROOM 29
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name Suzanne Hutton

82 Street Address (P.O. Box Number is Not Acceptable)

502 Whitehead St.

83 Court House Annex, 3RD Floor

84 City Key West

FL

85 Zip Code 33040

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

**NAME SPIEGEL, HERBERT
STREET ADDRESS P O BOX 527 NA
CITY-ST-ZIP ISLAMORADA FL 33036**

TITLE **D** ☐ DELETE

**NAME MARR, SCOTT
STREET ADDRESS 527 CARIBBEAN DR
CITY-ST-ZIP KEY LARGO FL 33037**

TITLE **D** ☐ DELETE

**NAME FREEMAN, SHIRLEY
STREET ADDRESS 310 FLEMING ST
CITY-ST-ZIP KEY WEST FL 33040**

TITLE **T** ☐ DELETE

**NAME PADRON, ROBERT
STREET ADDRESS 1626 SOUTH ST
CITY-ST-ZIP KEY WEST FL**

TITLE **P** ☐ DELETE

**NAME INGRAM, MICHAEL
STREET ADDRESS 1118 FLEMING ST.
CITY-ST-ZIP KEY WEST FL**

TITLE **D** ☐ DELETE

**NAME TEALL, RUSSELL
STREET ADDRESS 111 SAGUARO LANE
CITY-ST-ZIP MARATHON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

**1.2 NAME Wheeler, Alexa
1.3 STREET ADDRESS 85960 Overseas Highway
1.4 CITY-ST-ZIP Islamorada FL 33036**

2.1 TITLE **D** ☐ Change ☐ Addition

**2.2 NAME Lewis, Sally
2.3 STREET ADDRESS 210 401 Soun St.
2.4 CITY-ST-ZIP Key West, FL 33040**

3.1 TITLE **BV** ☐ Change ☐ Addition

**3.2 NAME TAPOROWSKI, Vince
3.3 STREET ADDRESS 1014 West Shore Dr
3.4 CITY-ST-ZIP Big Pine Key FL 33043**

4.1 TITLE **D** ☐ Change ☐ Addition

**4.2 NAME Wickers, William
4.3 STREET ADDRESS 161 Key Haven Rd
4.4 CITY-ST-ZIP Key West, FL 33040**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Michael Ingram

10 Feb 1999

Date

Daytime Phone #

CR2E037 (11/98)