2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N98000002157

Entity Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

605 UNITED ST
STE 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 230
KEY WEST, FL 330410230

New Mailing Address:

FEI Number: 59-2193665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGAN, HUGH ESQ.
317 WHITEHEAD STREET
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: SEC ( ) Delete
Name: QUINN, KATEY
Address: 313 CATHERINE ST. UNIT#1
City-St-Zip: KEY WEST, FL 33040

Title: PRES ( ) Delete
Name: SMATT, JOY
Address: ONE DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: TRES ( ) Delete
Name: LISZKA, JOE
Address: 529 FRONT ST
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: MATHER, JOE
Address: 2826 N. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: MURPHY, BILL
Address: 605 UNITED STREET, STE. 1
City-St-Zip: KEY WEST, FL 33040

Title: PRES (X) Change ( ) Addition
Name: LISZKA, JOE
Address: 605 UNITED STREET, STE. 1
City-St-Zip: KEY WEST, FL 33040

Title: TRES (X) Change ( ) Addition
Name: SMATT, JOY
Address: 605 UNITED STEET, STE. 1
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition
Name: MATHER, JOE
Address: 605 UNITED STREET, STE. 1
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE LISZKA PRES 09/05/2006

Electronic Signature of Signing Officer or Director — Date