

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002399

FILED  
Aug 31, 2009  
Secretary of State

**Entity Name:** FLORIDA KEYS KITERIDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

247 PUEBLO ST.  
TAVERNIER, FL 33070

**New Principal Place of Business:**

179 OJIBWAY AVE  
TAVERNIER, FL 33070

**Current Mailing Address:**

247 PUEBLO ST.  
TAVERNIER, FL 33070

**New Mailing Address:**

179 OJIBWAY AVE.  
TAVERNIER, FL 33070

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
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:**

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD., STE. 400  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOSELY, THOMAS L.  
Address: 247 PUEBLO ST.  
City-St-Zip: TAVERNIER, FL 33070

Title: S ( ) Delete  
Name: MASTRO, SHANA  
Address: 247 PUEBLO ST.  
City-St-Zip: TAVERNIER, FL 33070

Title: T ( ) Delete  
Name: WALSH, MIKE  
Address: 247 PUEBLO ST.  
City-St-Zip: TAVERNIER, FL 33070

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

Title: P (X) Change ( ) Addition  
Name: BOSELY, THOMAS L.  
Address: 179 OJIBWAY AVE.  
City-St-Zip: TAVERNIER, FL 33070

Title: S (X) Change ( ) Addition  
Name: MASTRO, SHANA  
Address: 179 OJIBWAY AVE.  
City-St-Zip: TAVERNIER, FL 33070

Title: T (X) Change ( ) Addition  
Name: WALSH, MIKE  
Address: 179 OJIBWAY AVE.  
City-St-Zip: TAVERNIER, FL 33070

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: THOMAS BOSELY

P

08/31/2009

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

\_\_\_\_\_  
Date