

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729339

**Entity Name:** KEY WEST COMMUNITY SAILING CENTER, INC.

**Current Principal Place of Business:**

705 PALM AVE  
KEY WEST, FL 33040-7031

**Current Mailing Address:**

PO BOX 828  
KEY WEST, FL 33041-0828 US

**FEI Number: 59-2813351**

**Certificate of Status Desired: No**

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

ROSE, MARCI  
810 THOMAS STREET  
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: MARCI ROSE**

**02/06/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROHRSCHEIDER, JANE A  
Address        PO BOX 828  
City-State-Zip: KEY WEST FL 33041-0828

Title            TREASURER  
Name            VICKERS, RUSS T  
Address        38 GOLF CLUB DRIVE  
City-State-Zip: KEY WEST FL 33040

Title            DIRECTOR  
Name            BENDER, BERT  
Address        410 ANGELA STREET  
City-State-Zip: KEY WEST FL 33040

Title            SECRETARY  
Name            MANCHESTER, SANDRA  
Address        209 EAST MACEDONIA RD  
City-State-Zip: TOWANDA PA 18848

Title            DIRECTOR  
Name            EDSON, JILL  
Address        3702 PAULA AVE  
City-State-Zip: KEY WEST FL 33040

Title            DIRECTOR  
Name            SMITTLE, JOHN  
Address        PO BOX 828  
City-State-Zip: KEY WEST FL 33041-0828

*I hereby 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 all other like empowered.*

**SIGNATURE: RUSS VICKERS**

**TREASURER**

**02/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date