#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729339** 

Entity Name: KEY WEST COMMUNITY SAILING CENTER, INC.

FILED
Jan 04, 2016
Secretary of State
CC5535687776

## **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 L 810 THOMAS STREET KEY WEST, FL 33040-6896 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

#### Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** ROHRSCHNEIDER, JANE G VICKERS, RUSS T Name Name **PO BOX 828** 38 GOLF CLUB DRIVE Address Address City-State-Zip: KEY WEST FL 33040 KEY WEST FL 33041-0828 City-State-Zip:

Title DIRECTOR Title SECRETARY

NameBENDER, BERTNameMANCHESTER, SANDRAAddress410 ANGELA STREETAddress209 EAST MACEDONIA RDCity-State-Zip:KEY WEST FL 33040City-State-Zip:TOWANDA PA 18848

Title DIRECTOR Title DIRECTOR

Name EDSON, JILL Name MATTHEWS, WALTER

Address 3702 PAULA AVE Address 705 PALM AVE

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title FLEET OFFICER
Name ANDERSON, PAGE B

Address 306 JULIA ST

City-State-Zip: KEY WEST FL 33040

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 01/04/2016