

**2014 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:** Yes

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

MCVEIGH, ROGER  
627 SIMONTON ST  
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  
Name            MINALGA, JEFFREY A  
Address        1200 4TH ST # 136  
City-State-Zip: KEY WEST FL 33040-3763

Title            TREASURER  
Name            MINALGA, JEFFREY A  
Address        1200 4TH ST # 136  
City-State-Zip: KEY WEST FL 33040

Title            VP  
Name            NIELSEN, JENS  
Address        921 CENTER ST #3  
City-State-Zip: KEY WEST FL 33040

Title            SECRETARY  
Name            NIELSEN, JENS  
Address        921 CENTER ST #3  
City-State-Zip: KEY WEST FL 33040

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

Title            OTHER  
Name            GRIFFITH, LEONA  
Address        PO BOX 5253  
City-State-Zip: KEY WEST FL 33045

*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:** JEFFREY A. MINALGA

**PRESIDENT**

**03/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date