

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755880

**FILED**  
**Jan 13, 2018**  
**Secretary of State**  
**CC2516437554**

**Entity Name:** KEY WEST PLAYERS, INC.

**Current Principal Place of Business:**

TIFFS LN & WALL ST  
WATERFRONT PLAYHOUSE  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 724  
KEY WEST, FL 33041

**FEI Number:** 59-1966652

**Certificate of Status Desired:** Yes

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

THAYER, THOMAS E  
1025 THOMPSON LANE  
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:** THOMAS E. THAYER

01/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ELWELL, CHRISTOPHER  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR  
Name MELLONCAMP, KEVIN  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR  
Name MOULTON, NANCY  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR  
Name KAUFMAN, STUART  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name FRECHETTE, ROBERT  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name FRECHETTE, LYNDA  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name MCCHESENEY, ANGELA  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name PRICE, MARY-LYNNE  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

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*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:** CHRISTOPHER ELWELL

PRESIDENT

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PABIAN, KRIS  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name STABILE, DONNA  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR, TREASURER  
Name DEMPSTER, KEITH  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title VOTING BOARD  
Name BONDURANT, AMY  
Address 1413 GRINNELL  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name FOX, LARA  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title PRESIDENT  
Name JOHNSON, JEFFREY  
Address P.O. BOX 724  
City-State-Zip: KEY WEST FL 33041

Title VOTING BOARD  
Name REGARDIE, WILLIAM  
Address 415 FRANCES  
City-State-Zip: KEY WEST FL 33040