

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755880

**Entity Name:** KEY WEST PLAYERS, INC.**Current Principal Place of Business:**407 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:** No**Name and Address of Current Registered Agent:**THAYER, THOMAS E  
1025 THOMPSON LN  
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

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            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, LYNDIA  
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

Title            DIRECTOR  
Name            REGARDIE, WILLIAM  
Address        PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title            DIRECTOR  
Name            BONDURANT, AMY AMBASSADOR  
                 (RET)  
Address        PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title            VP  
Name            MALONEY, TIMOTHY  
Address        PO BOX 724  
City-State-Zip: KEY WEST FL 33041

**Continues on page 2**

*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

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           MENDITCH, FRANK  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           SHARPE, MARIA RENNA  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           SMITH, WAYNE LARUE  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           SALINI, JIM  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           STEININGER, ELLEN  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           WALKER, HELEN  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041

Title           DIRECTOR  
Name           MIANO, KATE  
Address       PO BOX 724  
City-State-Zip: KEY WEST FL 33041