

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.**Current Principal Place of Business:**MALLORY SQUARE DOCK AND PLAZA
KEY WEST, FL 33040**Current Mailing Address:**P.O. BOX 4837
KEY WEST, FL 33041 US**FEI Number:** 59-2631154**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEL ROSSO, DAVID W
1001 18TH ST
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name RODRIGUEZ, ANTONIO
Address 1661 DUNLAP
City-State-Zip: KEY WEST FL 33040

Title VICECHAIRMAN, VC
Name SOTO, WILL
Address 820 1ST ST
City-State-Zip: KEY WEST FL 33040

Title CHAIRMAN
Name SATTELMEIRE, MIKE
Address 9 RIVIERA DR
City-State-Zip: KEY WEST FL 33040

Title TREASURER
Name STIMERS, RYAN
Address 5 LOPEZ LANE
City-State-Zip: KEY WEST FL 33040

Title SECRETARY
Name ANGIE, GARCIA
Address 3005 AIRPORT BLVD.
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name VALDES, ISAAC
Address 8052 SHARK DR
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name CAILLOUET, JEEP
Address P.O. BOX 0521
City-State-Zip: KEY WEST FL 33041

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: RYAN STIMERS**TREASURER****05/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date