### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

FILED
Jan 21, 2015
Secretary of State
CC1618701566

# **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: Yes

# 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:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title D

SATTELMEIRE, MIKE

Address 9 RIVIERA DR.

City-State-Zip: KEY WEST FL 33040

Title CHAIRMAN

Name SULLIVAN, DON
Address 623 ELIZABETH ST.

City-State-Zip: KEY WEST FL 33040

Title SECRETARY

Name RODRIGUEZ, ANTONIO

Address P.O. BOX 44440

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name ANDERSON, JASE

Address P.O. BOX 4837

City-State-Zip: KEY WEST FL 33041

Title -

Name LANE, RON

Address 4 BEACH DR

City-State-Zip: KEY WEST FL 33040

Title VC

Name GUTSCHE, GREG

Address P.O. BOX 4837

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name SCHAAL, SUSAN

Address P.O. BOX 4837

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: DON SULLIVAN CHAIRMAN 01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date