

2015 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:** 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title T
Name LANE, RON
Address 4 BEACH 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 VC
Name GUTSCHE, GREG
Address P.O. BOX 4837
City-State-Zip: KEY WEST FL 33041

Title SECRETARY
Name RODRIGUEZ, ANTONIO
Address P.O. BOX 44440
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name SCHAAL, SUSAN
Address P.O. BOX 4837
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name ANDERSON, JASE
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