

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22876

**Entity Name:** PROTECT KEY WEST AND THE FLORIDA KEYS, INC.

**Current Principal Place of Business:**

422 FLEMING STREET  
SUITE 4  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 146  
KEY WEST, FL 33041-0146 US

**FEI Number:** 65-0057840

**Certificate of Status Desired:** No

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

SONGER, MARK E  
422 FLEMING STREET  
SUITE 4  
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            PRESIDENT, DIRECTOR  
Name            GIRARD, NAJA  
Address        422 FLEMING STREET SUITE 4  
City-State-Zip: KEY WEST FL 33040

Title            D  
Name            LYNCH, AMY L  
Address        P O BOX 4062  
City-State-Zip: KEY WEST FL 33041

Title            VP, DIRECTOR  
Name            CURLEE, DEBORAH M  
Address        422 FLEMING STREET SUITE 4  
City-State-Zip: KEY WEST FL 33040

Title            SECRETARY, DIRECTOR  
Name            SONGER, MARK E  
Address        1310 NEWTON STREET  
City-State-Zip: KEY WEST FL 33040

Title            TREASURER  
Name            BALTHAZOR, ANDREW  
Address        422 FLEMING STREET SUITE 4  
City-State-Zip: KEY WEST FL 33040

*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:** MARK E SONGER

**SECRETARY**

**02/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date