

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000074

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7283652021**

**Entity Name:** 3406 NORTH ROOSEVELT BOULEVARD CORPORATION

**Current Principal Place of Business:**

1201 WHITE ST.  
102  
KEY WEST, FL 33040-3328

**Current Mailing Address:**

1201 WHITE ST.  
102  
KEY WEST, FL 33040-3328 US

**FEI Number:** 65-0368637

**Certificate of Status Desired:** No

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

LIMBERT, CHRISTINE  
1111 12TH STREET  
SUITE 408  
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:** CHRISTINE LIMBERT

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            IRWIN, RITA  
Address        58901 OVERSEAS HIGHWAY  
City-State-Zip: GRASSY FL 33050

Title            CO-TREASURER  
Name            CATES, CRAIG MAYOR  
Address        CITY OF KEY WEST  
                  3126 FLAGLER AVENUE  
City-State-Zip: KEY WEST FL 33040

Title            CO-TREASURER  
Name            BATTY, PETER  
Address        912 GEORGIA STREET  
City-State-Zip: KEY WEST FL 33040

Title            OFFICER  
Name            APPEL, HARRY  
Address        1997 LONG BEACH DRIVE  
City-State-Zip: BIG PINE KEY FL 33043

Title            OFFICER  
Name            BERNARDIN, JAMES  
Address        80401 OVERSEAS HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title            VC  
Name            FERNANDEZ, GEORGE L  
Address        1316 DUVAL STREET  
City-State-Zip: KEY WEST FL 33040

Title            OFFICER  
Name            HARRIS, VERONICA  
Address        97802 OVERSEAS HIGHWAY  
City-State-Zip: KEY LARGO FL 33037

Title            CO-TREASURER, SECRETARY  
Name            FONDRIEST, JULIE  
Address        325 JULIA STREET  
City-State-Zip: KEY WEST FL 33040

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*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:** RITA IRWIN

**CORPORATE MANAGER**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name KOLHAGE, DANNY  
Address 530 WHITEHEAD STREET  
City-State-Zip: KEY WEST FL 33040