

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718540

1. Entity Name

KEY HAVEN CIVIC ASSOCIATION, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90090 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 5206  
KEY WEST FL 33045

PO BOX 5206  
KEY WEST FL 33045-5206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1968486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PHELPS, LORRAINE H.  
32 KEY HAVEN ROAD  
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 Lorraine H Phelps  
Signature, typed or printed name of registered agent and title if applicable.

TD  
(NOTE: Registered Agent signature required when reinstating)

2/21/00  
DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **CARTER, CHARLOTTE**  
STREET ADDRESS **87 DRIFTWOOD DR**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **S** ☐ Change ☒ Addition  
NAME **Rich Boettger**  
STREET ADDRESS **5 Dri Ptwood Drive**  
CITY-ST-ZIP **Key West, Fla 33040**

TITLE **SD** ☐ Delete  
NAME **HAMILTON, DANIEL**  
STREET ADDRESS **13 BIRCHWOOD DRIVE**  
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COOK, SHERON**  
STREET ADDRESS **25 EVERGREEN**  
CITY-ST-ZIP **KEY WEST, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HAMILTON, HENRY**  
STREET ADDRESS **5 COCOANUT DRIVE**  
CITY-ST-ZIP **KEYWEST FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **PHELPS, LORRAINE**  
STREET ADDRESS **32 KEY HAVEN RD.**  
CITY-ST-ZIP **KEY WEST, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ATD** ☒ Delete  
NAME **LEISY, ROBERT**  
STREET ADDRESS **12 COCONUT DRIVE**  
CITY-ST-ZIP **KEY HAVEN FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Philip Arcuni**  
STREET ADDRESS **13 W Cypress Terrace**  
CITY-ST-ZIP **Key West, Fla 33040**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine H Phelps  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00  
Date

296-2112  
Daytime Phone #

CR2E037 (9/99)