

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 718540**

1. Entity Name  
**KEY HAVEN CIVIC ASSOCIATION, INC.**



Principal Place of Business  
PO BOX 5206  
KEY WEST, FL 33045

Mailing Address  
PO BOX 5206  
KEY WEST, FL 33045

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**



01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1968486**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, DANIEL 13 BIRCHWOOD DRIVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITHS, STEPHANIE 40 KEY HAVEN ROAD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, HENRY 5 COCOANUT DRIVE KEYWEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHELPS, LORRAINE 32 KEY HAVEN RD. KEY WEST, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARILYN 25 ALLAMANDA TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000023149  
02/02/04-B0010-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/27/04