

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718540

FILED
Jan 17, 2008
Secretary of State

Entity Name: KEY HAVEN CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

32 KEY HAVEN ROAD
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5206
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-1968486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAMILTON, DANIEL
Address: 13 BIRCHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: HAMILTON, HENRY
Address: 5 COCONUT DRIVE
City-St-Zip: KEYWEST, FL 33040 US

Title: TD () Delete
Name: PHELPS, LORRAINE
Address: 32 KEY HAVEN RD.
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: JACKSON, MARY
Address: ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRAINE PHELPS

TD

01/17/2008

Electronic Signature of Signing Officer or Director

Date