

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 041 ****61.25

DOCUMENT # 740102

1. Corporation Name

KEY WEST ASSOCIATION OF REALTORS, INC.

Principal Place of Business

1217 WHITE STREET
KEY WEST FL 33040
US

Mailing Address

1217 WHITE STREET
KEY WEST FL 33040



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/09/1977

4. FEI Number

59-1869382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ED CZAPLICKI
1217 WHITE STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

SUSAN SCHMITT

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

1217 WHITE ST.

83

84 City

KEY WEST

FL

85 Zip Code

33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CZAPLICKI, ED
STREET ADDRESS 1217 WHITE STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE MD ☐ DELETE
NAME SCHMITT, SUSAN
STREET ADDRESS 1217 WHITE STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ DELETE
NAME EHRLING, BILL
STREET ADDRESS 1217 WHITE STREET
CITY-ST-ZIP KEY WEST FL

TITLE VD ☒ DELETE
NAME ROGERS, RITA
STREET ADDRESS 1217 WHITE ST
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☐ Change ☒ Addition
ROGERS, RITA
1217 WHITE ST.
KEY WEST FL 33040

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD ☐ Change ☒ Addition
DAVIDSON, BOB
1217 WHITE ST.
KEY WEST FL 33040

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)