2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# 740102

Entity Name: KEY WEST ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

3422 DUCK AVENUE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3422 DUCK AVENUE
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-1869382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LA RUE SMITH, WAYNE
333 FLEMMING STREET
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: VD ( ) Delete
Name: MADEO, KIRSTI
Address: 336 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: SD ( ) Delete
Name: THOMAS, DARLENE
Address: 3685 SEASIDE DR #2
City-St-Zip: KEY WEST, FL 33040 US

Title: D ( ) Delete
Name: BEHMKE, MICHAEL
Address: PO BOX 344
City-St-Zip: KEY WEST, FL 33040

Title: PD ( ) Delete
Name: SALAZAR, ED
Address: 905 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: SELLERS, GLORIA
Address: 805 FIRST STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: MAAS, LARRY
Address: 810 EISENHOWER DRIVE
City-St-Zip: KEY WEST, FL 33040 US

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 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 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: ED SALAZAR PD 01/27/2005

Electronic Signature of Signing Officer or Director — Date