2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740102

FILED Apr 20, 2006 Secretary of State

Entity Name: KEY WEST ASSOCIATION OF REALTORS, INC.

US

Current Principal Place of Business: New Principal Place of Business:

3422 DUCK AVENUE KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

3422 DUCK AVENUE KEY WEST, FL 33040

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LA RUE SMITH, WAYNE

333 FLEMMING STREET

KEY WEST, FL 33040 US

LA RUE SMITH, WAYNE

333 FLEMING STREET

KEY WEST, FL 33040 US

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: 04/20/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD () Delete Title: PD (X) Change () Addition

 Name:
 MAAS, LARRY
 Name:
 MAAS, LARRY

 Address:
 810 EISENHOWER DRIVE
 Address:
 810 EISENHOWER DRIVE

 City-St-Zip:
 KEY WEST, FL 33040 US
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: SD () Delete Title: TD (X) Change () Addition Name: THOMAS, DARLENE THOMAS, DARLENE

 Address:
 3685 SEASIDE DR #2
 Address:
 3685 SEASIDE DR #2

 City-St-Zip:
 KEY WEST, FL 33040 US
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: D () Delete Title: VD (X) Change () Addition Name: BEHMKE, MICHAEL Name: GROOMS, BASCOM

 Address:
 PO BOX 344
 Address:
 1102 WHITE STREET

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

 Name:
 SALAZAR, ED
 Name:
 SALAZAR, ED

 Address:
 905 TRUMAN AVENUE
 Address:
 905 TRUMAN AVENUE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: TD (X) Delete Title: () Change () Addition

 Name:
 SELLERS, GLORIA
 Name:

 Address:
 805 FIRST STREET
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY MAAS PD 04/20/2006