

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 012 ****61.25

DOCUMENT # 740102

1. Entity Name
KEY WEST ASSOCIATION OF REALTORS, INC.



Principal Place of Business
3422 DUCK AVENUE
KEY WEST, FL 33040 US

Mailing Address
3422 DUCK AVENUE
KEY WEST, FL 33040 US

50000215



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1869382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LA RUE SMITH, WAYNE
333 FLEMING STREET
KEY WEST, FL 33040

Name

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

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAAS, LARRY
810 EISENHOWER DRIVE
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BASCOM GROOMS
1102 WHITE ST
KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
THOMAS, DARLENE
3685 SEASIDE DR #2
KEY WEST, FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KAREN LANE
336 DUVAL ST
KEY WEST, FL 33040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GROOMS, BASCOM
1102 WHITE STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JIMMY LANE
1120 DUVAL ST
KEY WEST, FL 33040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALAZAR, ED
905 TRUMAN AVENUE
KEY WEST, FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LARRY MAAS
1028 WHITEHEAD ST
KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #