

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90067 038 \*\*\*\*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**

**90016062**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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  
526 SOUTHARD 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

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SKAHEN, DAN<br>528 SOUTHARD STREET<br>KEY WEST FL 33040    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MADEO, KIRSTI<br>336 DUVAL STREET<br>KEY WEST FL 33040     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>THOMAS, DARLENE<br>3685 SEASIDE DR #2<br>KEY WEST FL 33040 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>BEHMKE, MICHAEL<br>PO BOX 344<br>KEY WEST FL 33040         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SALAZAR, ED<br>3106 FLAGLER AVENUE<br>KEY WEST FL 33040     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SCHMIDA, WALTER<br>526 SOUTHARD STREET<br>KEY WEST FL 33040 | <input type="checkbox"/> Delete            |

|                                                |     |                                                                              |
|------------------------------------------------|-----|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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 of Walter Schmida*

1/29/03

(305) 996-8259

CR2E037 (10/02)

Attachment 90016062  
740102

D  
Ruben Conception  
1509 Josephine Street - #1  
Key West, FL 33040

D  
Melva Wagner  
5555 College Road  
Key West, FL 33040

D  
Keith Flatt  
1102 White Street  
Key West, FL 33040

D  
Aidree Tolan  
219 Simonton Street  
Key West, FL 33040

D  
Anita Schwessinger  
336 Duval Street  
Key West, FL 33040

D  
Scott Nyman  
701 Caroline Street  
Key West, FL 33040

D  
Lynn Case  
1511 Truman Avenue  
Key West, FL 33040

D  
Danny Crespo  
1201 White Street - Ste 101  
Key West, FL 33040

D  
Peter Batty  
500 Truman Avenue - Ste 9  
Key West, FL 33040

D  
Mark Goldsmith  
1102 White Street  
Key West, FL 33040

D  
Joe Beres  
525 Simonton Street  
Key West, FL 33040

D  
Cady Holtkamp  
526 Southard Street  
Key West, FL 33040

MD  
SUSAN D. CALLETA  
3422 DUCK AVE.  
KEY WEST, FL 33040