FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758295** **(0)**

1. Corporation Name

KEY WEST HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3152 NORTHSIDE DRIVE SUITE 101 KEY WEST FL 33040 US	3152 NORTHSIDE DRIVE SUITE 101 KEY WEST FL 33040 US

3. Date Incorporated or Qualified: **11/03/1981**

3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0368372** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, JACK
3620 NORTHSIDE COURT
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JACK		1.2 NAME		
STREET ADDRESS	3152 NORTHSIDE DR., STE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	PRESIDENT D	☐ Change ☒ Addition
NAME	SMATT, JOY		2.2 NAME	JEFFERSON WEBB	
STREET ADDRESS	1 DUVAL ST		2.3 STREET ADDRESS	2801 N. ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	D	☐ DELETE	3.1 TITLE	VICE-PRESIDENT D	☒ Change ☐ Addition
NAME	BABICH, MATT		3.2 NAME	BABICH, MATTHEW	
STREET ADDRESS	1319 DUVAL ST		3.3 STREET ADDRESS	1319 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	P	☐ DELETE	4.1 TITLE	IMMEDIATE PAST PRES. DIRECTOR D	☒ Change ☐ Addition
NAME	LEHMAN, ROBERT J JR		4.2 NAME	LEHMAN, ROBERT J. JR.	
STREET ADDRESS	430 DUVAL ST		4.3 STREET ADDRESS	430 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	PPD	☒ DELETE	5.1 TITLE	TREASURER D	☐ Change ☒ Addition
NAME	TINLIN, GERRY		5.2 NAME	JOE SHURMUR	
STREET ADDRESS	ZERO DUVAL ST		5.3 STREET ADDRESS	3755 S. ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	SD	☒ DELETE	6.1 TITLE	SECRETARY D	☐ Change ☒ Addition
NAME	SINGLETARY, DON		6.2 NAME	STORKE, PAUL	
STREET ADDRESS	3841 N ROOSEVELT BLVD		6.3 STREET ADDRESS	5820 N. ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL		6.4 CITY-ST-ZIP	KEY WEST, FL.	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jack Smith JACK SMITH Executive V-P 1-30-96 305 296-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #