

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90005 044 \*\*\*\*61.25

<b>DOCUMENT # 758295</b> 1. Entity Name <b>THE LODGING ASSOCIATION OF THE FLORIDA KEYS AND KEY WEST, INC.</b>					
Principal Place of Business <b>3152 NORTHSIDE DRIVE SUITE 101 KEY WEST, FL 33040 US</b>			Mailing Address <b>3152 NORTHSIDE DRIVE SUITE 101 KEY WEST, FL 33040 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0368372</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEINHOFER, JOANNA L 3152 NORTHSIDE DR. #101 KEY WEST, FL 33040</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>7/12/2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WEINHOFER, JOANNA L 3152 NORTHSIDE DR., STE 101 KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICE MIKE 430 DUVAL ST KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC CHERNIAVSKY, TOM 61 HAWK'S CAY BLVD. KEY WEST, FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIANO KATE 526 ANGELA ST KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C CARRUTHERS, HEATHER 525 UNITED STREET KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC REGO FRANK 94500 OVERSEAS HWY KEYLARGO FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMATT, JOY ONE DUVAL STREET KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WEBER MICHAEL 83409 OVERSEAS HWY ISLAMORADA FL 33036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC ROBBINS, STEVE 3990 S. ROOSEVELT BLVD KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MEHAS, STEVE 601 FRONT STREET KEY WEST, FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> (Steve Mehas) <b>7.12.06</b> <b>305-296-4959</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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