

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758295

FILED
Jan 04, 2010
Secretary of State

Entity Name: THE LODGING ASSOCIATION OF THE FLORIDA KEYS AND KEY WEST, INC.

Current Principal Place of Business:

3152 NORTHSIDE DRIVE
SUITE 101
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3152 NORTHSIDE DRIVE
SUITE 101
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0368372 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEINHOFER, JOANNA L
3152 NORTHSIDE DR.
SUITE 101
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: WEINHOFER, JOANNA L
Address: 3152 NORTHSIDE DR., STE 101
City-St-Zip: KEY WEST, FL 33040 US

Title: C
Name: SCHMIDT, DIANE
Address: 245 FRONT ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: VC
Name: KURUTZ, STEPHEN
Address: 84959 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 US

Title: T
Name: TAYLOR, CLIF
Address: 3820 N. ROOSEVELT BLV.D
City-St-Zip: ISLAMORADA, FL 33036 US

Title: D
Name: ROBBINS, STEVE
Address: 3201 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040 US

Title: VC
Name: SPEIDEL, KEVIN
Address: 1500 REYNOLDS
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: JOANNA WEINHOFER

P

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date