

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 09, 2008
Secretary of State

DOCUMENT# 765932

Entity Name: THE KEY WEST ATTRACTIONS ASSOCIATION, INC.**Current Principal Place of Business:**201 FRONT STREET
STE. 224
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 4342
KEY WEST, FL 33040 US**New Mailing Address:****FEI Number:** 59-2676521**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FERNANDEZ, GEORGE
1316 DUVAL STREET
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**KNOTT, SARAH A PRESID
524 FRONT STREET
KEY WEST, FL 33040 US

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: SARAH ADEN KNOTT

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KNOTT, SARAH
Address: 524 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: LINDA, TEST
Address: 1805 STAPLES AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: HAYNES, KEVIN
Address: 108 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: FERNANDEZ, GEORGE
Address: 1316 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GROSSMAN, NADENE
Address: 922 CAROLINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MONICA, MUNOZ
Address: 201 FRONT STREET
City-St-Zip: STE. 224, 33 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KNOTT, SARAH A PRESID
Address: 524 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: TREA (X) Change () Addition
Name: EVANS, SARAH TREASUR
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARAH ADEN KNOTT

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date