**FILED**
**Aug 25, 2004 8:00 am**
**Secretary of State**
08-25-2004 90003 029 ****70.00

# DOCUMENT # N00000000377

1. Entity Name
**BAHAMA VILLAGE BUSINESS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1652-2 ELLSBERG COURT~~<br>~~APT 2~~ 529 Whitehead St<br>KEY WEST, FL 33040 | POST OFFICE BOX 6611<br>KEY WEST, FL 33040 |

08232004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1016676 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KELLEY, ALBERT L<br>926 TRUMAN AVE<br>KEY WEST, FL 33040 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 8, 2004**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SWEETING-SOMERSALL, MARCIA<br>415 PETRONIA STREET<br>KEY WEST, FL 33040 | ☐ Delete<br>VP | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Henrietta Weaver<br>320 Petronia St, Key West Fl 33040<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>AVANT, OMIS<br>3739 CINDY AVENUE<br>KEY WEST, FL 33040 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>JOM ZAHAV<br>529 Whitehead St Key West Fl<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CASTILLO, AARON<br>328 TRUMAN AVE<br>KEY WEST, FL 33040 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Jason Barroso Key West<br>1720 N. Roosevelt Blvd Fl 33040<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>STAFFORD, VERONICA<br>1107 THOMAS STREET<br>KEY WEST, FL 33040 | ☐ Delete<br>VP | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>John Leaman Key West<br>Atlantic Blvd, Fl 33040<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALTON, RUPERT<br>303 CATHERINE STREET<br>KEY WEST, FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~P~~<br>SCHROEDER, JOE<br>1013 TRUMAN AVENUE<br>KEY WEST, FL 33040 | ☐ Delete<br>PRESIDENT | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 08-22-04 305 295-3851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #