

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90992 031 \*\*\*\*61.25

**DOCUMENT # N00000000377**

1. Entity Name

**BAHAMA VILLAGE BUSINESS ASSOCIATION, INC.**



Principal Place of Business

**1107 THOMAS ST  
KEY WEST FL 33040**

Mailing Address

**POST OFFICE BOX 6611  
KEY WEST FL 33040**

**11022620**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1652-2 ELLSBERG Ct**

3. Mailing Address

**P.O. BOX 6611**

Suite, Apt. #, etc.

**Apt 2**

Suite, Apt. #, etc.

**1**

City & State

**KEY WEST FLORIDA**

City & State

**Key West Florida**

Zip

**33040**

Country

**USA**

Zip

**33041**

Country

**USA**

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

**KELLEY, ALBERT L  
926 TRUMAN AVE  
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE **P** ☐ Delete  
NAME **SWEETING-SOMERSALL, MARCIA**  
STREET ADDRESS **415 PETRONIA STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VP** ☐ Delete  
NAME **AVANT, OMIS**  
STREET ADDRESS **3739 CINDY AVENUE**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **T** ☐ Delete  
NAME **CASTILLO, AARON**  
STREET ADDRESS **328 TRUMAN AVE**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **S** ☐ Delete  
NAME **STAFFORD, VERONICA**  
STREET ADDRESS **1107 THOMAS STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ Delete  
NAME **WALTON, RUPERT**  
STREET ADDRESS **303 CATHERINE STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ Delete  
NAME **SCHROEDER, JOE**  
STREET ADDRESS **1013 TRUMAN AVENUE**  
CITY-ST-ZIP **KEY WEST FL 33040**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **Henrietta Weaver**  
STREET ADDRESS **Douglass Square**  
CITY-ST-ZIP **Key West, FL 33040**  
**Director**

TITLE ☐ Change ☒ Addition  
NAME **Alecia Butler**  
STREET ADDRESS **813 Galveston Ln**  
CITY-ST-ZIP **Key West, FL 33040**  
**Director**

TITLE ☐ Change ☐ Addition  
NAME **Zaira Sepulveda**  
STREET ADDRESS **800 Duval St**  
CITY-ST-ZIP **Key West, FL 33040**  
**Director**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Marcia S. Somersall** 4/16/03 365/294-8051

CRZE037 (10/02)