

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003318

1. Entity Name

SALT PONDS ALLIANCE OF KEY WEST, INC.



Principal Place of Business

POST OFFICE BOX 5930
KEY WEST FL 33045

Mailing Address

POST OFFICE BOX 5930
KEY WEST FL 33045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/02)

4. FEI Number

65-1009040

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

SCALES, EDWIN A III
201 FRONT STREET, SUITE 110
KEY WEST FL 33040

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 (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HORTON, PETER
POST OFFICE BOX 5069
KEY WEST FL 33045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LITTLE, ED
POST OFFICE BOX 5069
KEY WEST FL 33045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUTHERFORD, JACKE
POST OFFICE BOX 5069
KEY WEST FL 33045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PROBEX, DAN
3728 FLATLER AVE
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HANTOF, DAVID
1037 UNITED ST
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000069442
03/01/04-80012-009 61.25

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-2004 (305) 294-1921