

# 2005 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT

FILED

Feb 03, 2005 8:00 am  
Secretary of State

02-03-2005 90034 017 \*\*\*\*61.25

DOCUMENT # N01000002691

1. Entity Name  
ISLAND OPERA THEATRE OF THE FLORIDA KEYS, INC.



Principal Place of Business  
16823 EAST POINT DRIVE  
SUGARLOAF KEY, FL 33042

Mailing Address  
16823 EAST POINT DRIVE  
SUGARLOAF KEY, FL 33042



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1103067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, DEAN  
16823 EAST POINT DRIVE  
SUGARLOAF KEY, FL 33042

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

Filing Fee is \$61.25  
Due by May 1, 2005

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 PD  
NAME WALTERS, DEAN  
STREET ADDRESS 16823 EAST POINT DRIVE  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042 ☒ Delete

TITLE STD  
NAME WALTERS, SANDY  
STREET ADDRESS 16823 EAST POINT DRIVE  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042 ☒ Delete

TITLE VPD  
NAME ZITO, VINCENT  
STREET ADDRESS 1709 ATLANTIC  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES.  
NAME DAVID ROUMM  
STREET ADDRESS 1626 SIRUGO AVE  
CITY-ST-ZIP Key West, FL 33040 ☐ Change ☒ Addition

TITLE V.P.  
NAME JUNE GIRARD  
STREET ADDRESS 1057 BUTTOWOOD  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042 ☐ Change ☒ Addition

TITLE Secretary  
NAME Virginia Butler  
STREET ADDRESS 22 Allamanda Terrace  
CITY-ST-ZIP Key West, FL 33040 ☐ Change ☒ Addition

TITLE Treasurer  
NAME ALTON WEEKLEY  
STREET ADDRESS 517 Elizabeth St  
CITY-ST-ZIP Key West FL 33040 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALTON L. WEEKLEY

31 Jan 2005 (305)294-5221

Date

Daytime Phone #