


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01218</b> 1. Entity Name <b>KEY WEST HOUSING AUTHORITY MANAGEMENT AND DEVELOPMENT CORPORATION</b>					
Principal Place of Business % J. MANUEL CASTILLO, SR. 1400 KENNEDY DR. KEY WEST, FL 33040				Mailing Address % J. MANUEL CASTILLO, SR. 1400 KENNEDY DR. KEY WEST, FL 33040	
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 <b>59-2473533</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTILLO, MANUEL J 1400 KENNEDY DR. KEY WEST, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, ROBERT		NAME		
STREET ADDRESS	418 SIMONTON ST.		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP	000046702200	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINGO, JUANITA		NAME	02/16/05--01044--002	
STREET ADDRESS	11-D FORT VILLAGE APTS.		STREET ADDRESS	**210.00	
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOPPINO, FRANK P.		NAME		
STREET ADDRESS	37 EVERGREEN AVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURRAY, JACK T.		NAME	John G. Parks, Jr.	
STREET ADDRESS	PO BOX 2218, NA		STREET ADDRESS	7 Allamanda Terr	
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP	Key West, FL 33040	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDS, ROOSEVELT JR.		NAME		
STREET ADDRESS	311 CROSS ST.		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. MANUEL CASTILLO, SR.		NAME		
STREET ADDRESS	1400 KENNEDY DR.		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL		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.					
<b>SIGNATURE:</b> <u>J. MANUEL CASTILLO, SR.</u> <span style="float: right;">1/31/05</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**FILED**  
 05 FEB 11 PM 2:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01312005 Chg-NP CR2E037 (10/03) *MRS*