
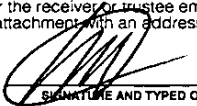


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 FEB 16 PM 2:25
TALLAHASSEE, FLORIDA

DOCUMENT # N01218 1. Entity Name KEY WEST HOUSING AUTHORITY MANAGEMENT AND DEVELOPMENT CORPORATION					
•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 59-2473533	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTILLO, MANUEL J 1400 KENNEDY DR. KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D DEAN, ROBERT 418 SIMONTON ST. KEY WEST, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chariman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> 100066812321 02/29/06--01025--016 **\$48.75 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGO, JUANITA 11-D FORT VILLAGE APTS. KEY WEST, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPPINO, FRANK P 37 EVERGREEN AVE KEY WEST, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, JACK T PO BOX 2218, NA KEY WEST, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John G. Parks, Jr. 7 Allamanda Terr. Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, JR, ROOSEVELT 311 CROSS ST. KEY WEST, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASTILLO, SR, J MANUEL 1400 KENNEDY DR. KEY WEST, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 1/19/06 Daytime Phone # 305-292-6143		