

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

08 JUL 24 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2473533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, MANUEL J
1400 KENNEDY DR.
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEAN, ROBERT
STREET ADDRESS	418 SIMONTON ST.
CITY-ST-ZIP	KEY WEST, FL
TITLE	D
NAME	MINGO, JUANITA
STREET ADDRESS	11-D FORT VILLAGE APTS.
CITY-ST-ZIP	KEY WEST, FL
TITLE	P
NAME	TOPPINO, FRANK P
STREET ADDRESS	37 EVERGREEN AVE
CITY-ST-ZIP	KEY WEST, FL
TITLE	D
NAME	PARKS, JOHN G JR
STREET ADDRESS	7 ALLAMANDA TERR.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SANDS, ROOSEVELT JR
STREET ADDRESS	311 CROSS ST.
CITY-ST-ZIP	KEY WEST, FL
TITLE	M
NAME	CASTILLO, J M SR
STREET ADDRESS	1400 KENNEDY DR.
CITY-ST-ZIP	KEY WEST, FL

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

305-296-5621

Daytime Phone #