2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N01218

Entity Name: KEY WEST HOUSING AUTHORITY MANAGEMENT AND DEVELOPMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2473533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DEAN, ROBERT	
Address:	418 SIMONTON ST.	
City-St-Zip:	KEY WEST, FL	
Title:	D	( ) Delete
Name:	MINGO, JUANITA	
Address:	11-D FORT VILLAGE APTS.	
City-St-Zip:	KEY WEST, FL	
Title:	P	( ) Delete
Name:	TOPPINO, FRANK P	
Address:	37 EVERGREEN AVE	
City-St-Zip:	KEY WEST, FL	
Title:	D	( ) Delete
Name:	PARKS, JOHN G JR	
Address:	7 ALLAMANDA TERR.	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	SANDS, ROOSEVELT JR	
Address:	311 CROSS ST.	
City-St-Zip:	KEY WEST, FL	
Title:	M	( ) Delete
Name:	CASTILLO, J M SR	
Address:	1400 KENNEDY DR.	
City-St-Zip:	KEY WEST, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MANUEL CASTILLO, SR. E.D. 01/22/2009
Electronic Signature of Signing Officer or Director — Date