2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011630

Entity Name: KEY WEST CEMETERY ASSOCIATION, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
604 DUVA SUITE C KEY WES	L STREET F, FL 33040							
Current Mailing Address:				New Mailing Address:				
SUITE 625		BOULEVARD 3040						
FEI Number:	20-2004212	FEI Number Applied For ()	FEI Numb	ber Not Appli	cable ()	Certificate of State	us Desired ()	
Name and	Address of	Current Registered Agent:	ı	Name and	Address of N	lew Registered	Agent:	
999 PONC SUITE 625		BOULEVARD						
	named entity of Florida.	submits this statement for the	purpose of	changing it	s registered c	office or registered	d agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
OFFICERS	S AND DIRE	CTORS:	,	ADDITION	S/CHANGES	TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (OBERMEYER 703 EATON S KEY WEST, F	TREET	1	Title: Name: Address: City-St-Zip:) Change()Additior	n	
Title: Name: Address: City-St-Zip:	APPELROUTH) Delete 1, STEWART L TREET SUITE C IL 33040	1 4	Title: Name: Address: City-St-Zip:	STD (X APPELROUTH, 604 DUVAL ST KEY WEST, FL	REET SUITE C	n	
Title: Name: Address: City-St-Zip:	D (SPOTTSWOO 500 FLEMING KEY WEST, F	STREET	1 4	Title: Name: Address: City-St-Zip:	D (X SPOTTSWOOD 500 FLEMING KEY WEST, FL	STREET	n	
Title: Name: Address: City-St-Zip:	SWIFT, EDW	TREET, SUITE 5	1	Title: Name: Address: City-St-Zip:	D (X SWIFT III, EDV 601 DUVAL ST KEY WEST, FL	REET, SUITE 5	n	
Title: Name: Address: City-St-Zip:	D (HORAN, DAVI 608 WHITEHE KEY WEST, F	EAD STREET	1	Title: Name: Address: City-St-Zip:	D (X HORAN, DAVID 608 WHITEHEA KEY WEST, FL	AD STREET	n	
Title: Name: Address: City-St-Zip:	LUJAN, WAY	NAVENUE, SUITE B	1 4	Title: Name: Address: City-St-Zip:) Change ()Additior	n	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEWART L. APPELROUTH D 01/05/2005