

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011630

FILED
Feb 20, 2006
Secretary of State

Entity Name: KEY WEST CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

604 DUVAL STREET
SUITE C
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BOULEVARD
SUITE 625
CORAL GABLES, FL 33040

New Mailing Address:

FEI Number: 20-2004212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPELROUTH, STEWART L
999 PONCE DE LEON BOULEVARD
SUITE 625
CORAL GABLES, 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: P () Delete
Name: OBERMEYER, PETER
Address: 703 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: STD () Delete
Name: APPELROUTH, STEWART L
Address: 604 DUVAL STREET SUITE C
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SPOTTSWOOD, JOHN M
Address: 500 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SWIFT III, EDWIN O
Address: 601 DUVAL STREET, SUITE 5
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HORAN, DAVID
Address: 608 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LUJAN, WAYNE
Address: 1104 TRUMAN AVENUE, SUITE B
City-St-Zip: KEY WEST, FL 33040

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 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: PETER OBERMEYER

P

02/20/2006

Electronic Signature of Signing Officer or Director

Date