

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90462 011 \*\*\*\*\*70.00

**DOCUMENT # N05000004346**

1. Entity Name

**SAVE THE AUSTRALIAN PINES AT FORT ZACHARY  
TAYLOR-KEY WEST, INC.**



Principal Place of Business

825 WHITE ST  
KEY WEST FL 33040

Mailing Address

825 WHITE ST  
KEY WEST FL 33040

2. Principal Place of Business

825 White St

3. Mailing Address

825 White St

Suite, Apt. #, etc.

Key West

Suite, Apt. #, etc.

Key West

City & State

FL

City & State

FL

Zip  
33040

Country  
USA

Zip  
33040

Country  
USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-3987716

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, HELEN  
825 WHITE ST  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WELLS, SHARON  
STREET ADDRESS 825 WHITE ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete  
NAME MESKER, SUSAN  
STREET ADDRESS 825 WHITE ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete  
NAME HARRISON, HELEN  
STREET ADDRESS 825 WHITE ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

HELEN HARRISON

Helen Harrison

3-26-06

305 2740609