

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008359

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** HSMAI FLORIDA KEYS CHAPTER INC

**Current Principal Place of Business:**

908 C FRANCES ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

908 C FRANCES ST.  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0691305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAUD, DON  
908 C FRANCES ST.  
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:** PRES  
**Name:** BOECKMAN, TIFFANY  
**Address:** 3841 NORTH ROOSEVELT BLVD  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** TREA  
**Name:** MICHAUD, DONALD  
**Address:** 245 FRONT STREET  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** SEC  
**Name:** POLLACK, STACY  
**Address:** 500 DUVAL STREET  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** M  
**Name:** DEBEVEC, AMBER  
**Address:** 1107 KEY PLAZA  
**City-St-Zip:** KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

**SIGNATURE:** DON MICHAUD

TD

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date