

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38992

FILED
Apr 17, 2007
Secretary of State

Entity Name: KEY WEST COLUMBIAN CLUB, INC.

Current Principal Place of Business:

2700 FLAGLER AVENUE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 133
KEY WEST, FL 330410133 US

New Mailing Address:

FEI Number: 65-0136046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHILLINGER, ROBERT
502 WHITEHEAD STREET
THIRD FLOOR REAR
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: P () Delete
Name: SHILLINGER, ROBERT
Address: 1106 18TH STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BUNTING, ED
Address: 1922 HARRIS AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SIRECI, TOM
Address: 402 APPLEROWTH LN.
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: JONES, TIM
Address: 2700 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SELLERS, FRED
Address: 12 EVERGREEN DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: SERMAK, DAVID
Address: 3371 NORTHSIDE DRIVE
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
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City-St-Zip:

Title: () Change () Addition
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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: ROBERT SHILLINGER

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date