

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 16, 2008**  
**Secretary of State**

DOCUMENT# N93000001780

**Entity Name:** KEY WEST BIGHT PRESERVATION ASSOCIATION, INC.**Current Principal Place of Business:**201 WILLIAM STREET  
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**328 SIMONTON  
KEY WEST, FL 33040 US**New Mailing Address:**P.O. BOX 674  
KEY WEST, FL 33041 US**FEI Number:** 65-0415853**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCGRAIL, PAUL H  
328 SIMONTON STREET  
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**STROH, THOMAS N  
611 GRINNELL ST.  
#2  
KEY WEST, FL 33040 US

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: THOMAS STROH

12/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: MCGRAIL, PAUL  
Address: 201 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: D ( ) Delete  
Name: ANDERSON, JACK  
Address: PO BOX 1944  
City-St-Zip: KEY WEST, FL 33040 US

Title: D ( ) Delete  
Name: STROH, TOM  
Address: P O BOX 674  
City-St-Zip: KEY WEST, FL 33041 US

Title: D ( ) Delete  
Name: LEVIS, LESLIE  
Address: 125 ANN STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: LICHTENSTEIN, GARY  
Address: 201B WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: LORANGER, KEIR  
Address: 1411 TRUMAN AVE #3  
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 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: TOM STROH

D

12/16/2008

Electronic Signature of Signing Officer or Director

Date