2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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:

P.O. BOX 674
KEY WEST, FL 33041 US

New Mailing Address:

FEI Number: 65-0415853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROH, THOMAS N
611 GRINNELL ST.
#2
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: 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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: CARLA, BELLENGER
Address: PO BOX 832
City-St-Zip: KEY WEST, FL 33041

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: THOMAS N STROH D 04/30/2009
Electronic Signature of Signing Officer or Director — Date