

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001780

FILED  
May 05, 2010  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** D  
**Name:** MELISSA, KENDRICK  
**Address:** 200 GREEN ST  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** D  
**Name:** LORANGER, KEIR  
**Address:** 1411 TRUMAN AVE #3  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** D  
**Name:** CARLA, BELLENGER  
**Address:** PO BOX 832  
**City-St-Zip:** KEY WEST, FL 33041

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: TOM STROH

D

05/05/2010

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

\_\_\_\_\_  
Date