FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400002603 (8)

KEY WEST RESIDENT MANAGEMENT CORPORATION

Principal Place of Business		Mailing Address						II 00 IFO IIII 1001	
1400 KENNEDY DRIVE SENIOR CITIZEN PLAZA KEY WEST FL 33040		1400 KENNEDY DRIVE SENIOR CITIZEN PLAZA KEY WEST FL 33040							
		NET HEAT TE GOVE				3. Date Incorporated or Qualified 05/24/1994	3a. Date of Last Report 03/09/1995		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEt Number	Applied For		
21 1400 Kennedy Drive		26 1400 Kennedy Drive				65-0508211 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
	W. Housing Authority	27 c/o K.W. Hous	c/o K.W. Housing Authority		ity			Required	
City & State		City & State				6. Election Campaign Financing	T	May Be	
Zip We	est, Florida Country	28 Key West, Florida Zip Country				Trust Fund Continuotion — Added to Fees			
				itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
33040	9. Name and Address of Current	<u>.i</u>				10. Name and Address of New Registered Agent			
81 Name									
KEEN, LOUISA 82				Keen, Louisa Street Address (P.O. Box Number is Not Acceptable)					
1400 KENNEDY DRIVE				82 Street Address (P.O. Box Number is Not Acceptable) 1400 Kennedy Drive					
SENIOR CITIZEN PLAZA				83		.**	 		
KEY WEST FL 33040				c/o Key West Housing Authority					
1421 172	51 12 00010			84 City	West	-		p Code 3040	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am									
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req. 12. OFFICERS AND DIRECTORS 13.					quired whe	· · · · · · · · · · · · · · · · · · ·	DATE	DO IN 10	
12.		DIRECTORS	13.	r 1		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	Addition	
NAME	D VEEN A OUTOA						criange	☐ Vagagai	
STREET ADDRESS	KEEN, LOUISA APT 13-D, PORTER PLACE APARTMENTS			1.2 NAME 1.3 STREET ADDRESS				ļ	
CITY-ST-ZIP	KEY WEST FL 33040			1.4 City-St-ZiP				j	
T!TLE	D	DELETE	2 1 TIT(Change	Addition	
NAME	ALONZO, ANTHONY		2.2 NA	l l					
STREET ADDRESS	1400 KENNEDY DRIVE, APT 23	5		REET ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040	•		TY-ST-ZIP					
TITLE	D	▼ DELETE	3.1 TIT		D		∑ Change	Addition	
NAME	SCOTT, HENRY		3 2 NA	ME 1		lian Rodriguez	ъ.	_	
STREET ADDRESS	AJPT. 1-C ROBERT GABRIEL A	PTS	3.3 STF	REET ADORESS		. J-2 George Allen i	Anartmente		
CITY-ST-ZIP	KEY WEST FL		3.4. CIT	TY-ST-ZIP	_Kev	West, Fl. 33040	apar aicires		
TITLE		DELETE	4.1 TITU	LE			☐ Change	☐ Addition	
NAME	l		4. 2 NA	ME				ļ	
STREET ADDRESS			4.3 STF	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	5.1 TIT	LE			Change	Addition	
NAME			5.2 NAI	ME					
STREET ADDRESS			5.3 STF	REET ADDRESS					
CITY-ST-ZIP		- Contract		Y-ST-ZIP			- 500		
TITLE		DELETE	6.1 TIT			00000175 -03/21/960103	24400	Addition	
NAME			6.2 NA			-03/21/960103	36016	>2 11	
STREET ADDRESS				REET ADDRESS		***61.25		3,5	
CITY-ST-ZIP	y certify that the information supplied w	th this filing is unluntarily from the		Y-ST-ZIP	life for th	na everynting stated in Section 440.0	7(3)(b) Florido Statu	toe I further	
contifutbal	the information indicated on this purple	Francit or eurolomental annual	romantie	tain and acc	ouroto o	and that my cianature chall have the	anna lagal affact on i	f made under	

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 In Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE

UND LOUISA Keen, President 2/9/96
UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delo

(305)296-5621 Daytime Phone #