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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002603 (8)

1. Corporation Name

KEY WEST RESIDENT MANAGEMENT CORPORATION

Principal Place of Business

1400 KENNEDY DRIVE
C/O K.W. HOUSING AUTHORITY
KEY WEST FL 33040

Mailing Address

1400 KENNEDY DRIVE
C/O K.W. HOUSING AUTHORITY
KEY WEST FL 33040-40783. Date Incorporated or Qualified
05/24/19943a. Date of Last Report
03/21/19964. FEI Number
65-0508211Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

KEEN, LOUISA
1400 KENNEDY DRIVE
C/O K.W. HOUSING AUTHORITY
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
Julius Adams
82 Street Address (P.O. Box Number is Not Acceptable)
1400 Kennedy Drive
83 c/o K.W. Housing Authority
84 City
Key West
85 Zip Code
FL 33040

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 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 required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEEN, LOUISA	
STREET ADDRESS	APT 13-D, PORTER PLACE APARTMENTS	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALONZO, ANTHONY	
STREET ADDRESS	1400 KENNEDY DRIVE, APT 235	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, LILLIAN	
STREET ADDRESS	APT. J-2 GEORGE ALLEN APARTMENTS	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Julius Adams	
1.3 STREET ADDRESS	301 White St., Apt. 6-C	
1.4 CITY - ST - ZIP	Key West, Fl. 33040	
2.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Darren Arael	
2.3 STREET ADDRESS	1200 First St., Apt F-5	
2.4 CITY - ST - ZIP	Key West, Fl 33040	
3.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nicol Walker	
3.3 STREET ADDRESS	1200 First St., Apt. H-4	
3.4 CITY - ST - ZIP	Key West, Fl. 33040	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director
Julius Adams

Date

305-296-5621
Daytime Phone # 0024804

CR2E037 (9/96)