

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90110 030 ****70.00

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DOCUMENT # N94000002603

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



90110 - 30

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/24/1994

4. FEI Number

65-0508211

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, JULIUS
1400 KENNEDY DR
C/O KW HOUSING AUTHORITY
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
Louisa Keen

82 Street Address (P.O. Box Number is Not Acceptable)
1200 First St., Apt. C-3

83

84 City
Key West

FL

85 Zip Code
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 Louisa Keen, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME DP
STREET ADDRESS ADAMS, JULIUS
CITY-ST-ZIP 301 WHITE ST APT 6-C
KEY WEST FL

TITLE ☒ DELETE
NAME VPD
STREET ADDRESS LUCIANO, A.
CITY-ST-ZIP 1200 FIRST ST APT F-5
KEY WEST FL

TITLE ☒ DELETE
NAME DT
STREET ADDRESS WALKER, NICOL
CITY-ST-ZIP 1200 FIRST ST APT H-4
KEY WEST FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DP
1.3 STREET ADDRESS Keen, Louisa
1.4 CITY-ST-ZIP 1200 First St., Apt. C-3
Key West, Fl. 33040

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPD
2.3 STREET ADDRESS Gerald Billingsley
2.4 CITY-ST-ZIP 828 Whitehead St., Apt. 3-C
Key West, Fl. 33040

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME CT
3.3 STREET ADDRESS Rivas, Paulette
3.4 CITY-ST-ZIP 1200 First St., Apt. F-3
Key West, Fl. 33040

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (305) 296-2147

Date

Daytime Phone #

CR2E037 (11/98)