2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N94000002603

Entity Name: KEY WEST RESIDENT MANAGEMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0508211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVAS, PAULETTE
1200 FIRST ST APT H-2
KEY WEST, FL 33040

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: PD ( ) Delete
Name: RIVAS, PAULETTE
Address: 1200 FIRST ST APT H-2
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete
Name: RIVAS, PAULETTE
Address: 1200 FIRST ST, APT F-3
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: FISHER, LOUIS
Address: 1200 FIRST ST APT H-4
City-St-Zip: KEY WEST, FL 33040

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAULETTE RIVAS PD 01/16/2004
Electronic Signature of Signing Officer or Director — Date