

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90026 040 ****70.00

DOCUMENT # N94000002603

1. Entity 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

400000334



DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0508211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVAS, PAULETTE
STREET ADDRESS 1200 FIRST ST APT H-2
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VPD
NAME RIVAS, PAULETTE
STREET ADDRESS 1200 FIRST ST, APT F-3
CITY-ST-ZIP KEY WEST, FL 33040

TITLE T
NAME FISHER, LOUIS
STREET ADDRESS 1200 FIRST ST APT H-4
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paulette Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

Date

292-1221

Daytime Phone #