

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000041

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** KEY WEST INNKEEPER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

922 CAROLINE STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6172  
KEY WEST, FL 33041

**New Mailing Address:**

**FEI Number:** 65-0536570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWNING, MICHAEL L  
402 APPELROUTH LANE  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

WHITNEY, IAN J  
1209 VIRGINIA STREET #3  
KEY WEST, FL 33040 US

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: IAN J. WHITNEY

03/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete  
Name: LOWE, JANE  
Address: 812 DUVAL STRET  
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Delete  
Name: LOWE, JANE  
Address: 812 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TDD ( ) Delete  
Name: COWARD, TOM  
Address: 0 WHALTON LANE  
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 exemption stated in Chapter 119, 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: IAN J. WHITNEY

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date