


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90315 022 ****70.00

DOCUMENT # N95000005401 1. Entity Name BAHAMA CONCH COMMUNITY LAND TRUST OF KEY WEST, INC.					
Principal Place of Business 325 JULIA STREET KEY WEST FL 33040			Mailing Address 325 JULIA STREET KEY WEST FL 33040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0681293	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAWYER, NORMA JEAN 325 1/2 JULIA STREET KEY WEST FL 33040				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, BRENDA J 750 AVENUE "F" BIG COPPITT KEY FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 1/2 Julia Street Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAREY, DONALD 419 VIRGINIA STREET KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Chamberlain, Sheila 3930 S. Roosevelt Blvd., W-306 Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABANAS, KAREN 317 WHITEHEAD STREET KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Pritchett, Jane 227 Virginia St. Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARQUARDT, JAMES 204 OLIVA STREET KEY WEST FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SULLIVAN, STUART 907 CENTER STREET KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BD SKOGLUND, Mike 522 Elizabeth Street Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD FRITHCETT, JANE 638 WSM ST KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BD DeConte, LPhyllis 324 Truman Avenue Key West, FL 33040	
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: <i>Brenda Miller</i> April 16, 2004 (305) 304-0435 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					