

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 014 ****70.00

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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

50061637



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08022005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0681293

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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 _____
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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 325 1/2 JULIA STREET BIG COPPITT KEY, 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	VP CHAMBERLIN, SHELIA 3930 S. ROOSEVELT BLVD., W-306 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 VP PHYLLIS LECONTE 1020 EMMAS ST APT 4G KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRITCHETT, JANE 227 VIRGINIA 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 S PAUL CICKER 222 OLIVIA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARQUARDT, JAMES 204 OLIVA 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 T Paul Cicker 222 Olivia Street Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SKOGLUND, MIKE 522 ELIZABETH ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BD KENNY SULLIVAN 1020 EMMAS ST. APT. 4G KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LECONTE, PHYLLIS 324 TRUMAN AVE. 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 BILLESSES 102 SOUTHARD ST 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: *Paul Cicker* **PAUL CICKER** **8-11-05** **305-293-8531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #