

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90248 046 \*\*\*\*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**

**50018558**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**65-0681293**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWYER, NORMA JEAN  
325 1/2 JULIA STREET  
KEY WEST, FL 33040**

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 May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MILLER, BRENDA J<br>325 1/2 JULIA STREET<br>BIG COPPITT KEY, FL 33040 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LELONTE, PHYLLIS<br>1020 EMMA ST. APT 46<br>KEY WEST, FL 33040       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CICERI, PAUL<br>222 OLIVIA STREET<br>KEY WEST, FL 33040               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>SKOGLUND, MIKE<br>522 ELIZABETH ST.<br>KEY WEST, FL 33040            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>SKOGLUND, MIKE<br>522 ELIZABETH ST.<br>KEY WEST, FL 33040            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>ESTES, BILL<br>102 SOUTHARD ST<br>KEY WEST, FL 33040                 | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KELLY, ROBERT E.<br>927 Thomas Street, #3<br>KEY WEST, FL 33040      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FENWICK, RUSSELL<br>1015 Thomas St., Apt. D<br>KEY WEST, FL 33040   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LECONTE, PHYLLIS<br>1020 Emma Street, Apt. 4-G<br>Key West, FL 33040 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>POITIER, ADRIAN<br>629 Caroline St., Apt. 3<br>KEY WEST, FL 33040   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>ESTES, BILL<br>1618 Trinidad Drive<br>KEY WEST, FL 33040            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Norma Jean Sawyer-Atanda* **NORMA JEAN SAWYER-ATANDA** 4/27/06 (305) 304-6765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #