

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005401

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** BAHAMA CONCH COMMUNITY LAND TRUST OF KEY WEST, INC.

**Current Principal Place of Business:**

325 JULIA STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

325 JULIA STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0681293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KELLY, ROBERT  
Address: 927 THOMAS ST, #3  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: LECONTE, PHYLLIS  
Address: 1020 EMMA ST. APT 4-G  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: FENWICK, RUSSELL  
Address: 1015 THOMAS ST., APT D  
City-St-Zip: KEY WEST, FL 33040

Title: BD ( ) Delete  
Name: SKOGLUND, MIKE  
Address: 522 ELIZABETH ST.  
City-St-Zip: KEY WEST, FL 33040

Title: BD ( ) Delete  
Name: POITER, ADRIAN  
Address: 629 CAROLINE ST. APT. 3  
City-St-Zip: KEY WEST, FL 33040

Title: BD ( ) Delete  
Name: ESTES, BILL  
Address: 1618 TRINIDAD DR  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARQUARDT, JAMES  
Address: 204 OLIVIA STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change ( ) Addition  
Name: WHITE, FREDERICKA  
Address: 824 BAPTIST LANE  
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition  
Name: FAIN, JEROME  
Address: 11-F CROSS STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TREA (X) Change ( ) Addition  
Name: LAURENDEAU, NORMAN  
Address: 204 OLIVIA STREET  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BD (X) Change ( ) Addition  
Name: LEAMARD, WARREN  
Address: 2300 HARRIS AVENUE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA JEAN SAWYER

RA

01/10/2007

Electronic Signature of Signing Officer or Director

Date