

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002157

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** KEY WEST TOURIST DEVELOPMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

605 UNITED ST  
STE 1  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 230  
KEY WEST, FL 330410230

**New Mailing Address:**

**FEI Number:** 59-2193665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGAN, HUGH ESQ.  
317 WHITEHEAD 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: VD ( ) Delete  
Name: WEACHTER, JOHN  
Address: 330 WHITE HEAD ST  
City-St-Zip: KEY WEST, FL 33040

Title: PD ( ) Delete  
Name: SMATT, JOY  
Address: ONE DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: LISZKA, JOE  
Address: 529 FRONT ST  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: PROIMOS, MICHAEL  
Address: 1500 REYNOLDS ST  
City-St-Zip: KEY WEST, FL 33040

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

Title: SEC (X) Change ( ) Addition  
Name: QUINN, KATEY  
Address: 313 CATHERINE ST. UNIT#1  
City-St-Zip: KEY WEST, FL 33040

Title: PRES (X) Change ( ) Addition  
Name: SMATT, JOY  
Address: ONE DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: TRES (X) Change ( ) Addition  
Name: LISZKA, JOE  
Address: 529 FRONT ST  
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition  
Name: MATHER, JOE  
Address: 2826 N. ROOSEVELT BLVD.  
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 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 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: JOY SMATT

PRES

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date