

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002157

FILED
Apr 17, 2009
Secretary of State

Entity Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

1111 12TH STREET
SUITE 211
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1111 12TH STREET
SUITE 211
KEY WEST, FL 33040

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: PRES () Delete
Name: MURPHY, BILL
Address: 1111 12TH STREET SUITE 211
City-St-Zip: KEY WEST, FL 33040

Title: SEC () Delete
Name: LISZKA, JOE
Address: 1111 12TH STREET SUITE 211
City-St-Zip: KEY WEST, FL 33040

Title: TRES () Delete
Name: SMATT, JOY
Address: 1111 12TH STREET SUITE 211
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: MATHER, JOE
Address: 1111 12TH AVE SUITE 211
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: MATHER, JOE
Address: 1111 12TH ST SUITE 211
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY A. SMEAD

MR.

04/17/2009

Electronic Signature of Signing Officer or Director

Date