

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723201

Entity Name: THE MONTESSORI CHILDREN'S SCHOOL OF KEY WEST, INC.**Current Principal Place of Business:**1221 VARELA STREET
KEY WEST, FL 33040**Current Mailing Address:**1221 VARELA STREET
KEY WEST, FL 33040**FEI Number:** 59-1395046**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HASKELL, EVAN
3812 FLAGLER
KEY WEST, FL 33040 US*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:** EVAN HASKELL

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HASKELL, EVAN
Address	3812 FLAGLER
City-State-Zip:	KEY WEST FL 33040

Title	TREASURER
Name	MATARAZZO, KURT
Address	1609 PATRICIA
City-State-Zip:	KEY WEST FL 33040

Title	VP
Name	FOX, TAMMY
Address	212 SHORE AVENUE
City-State-Zip:	KEY WEST FL 33040

Title	D
Name	DEFENDINI, EDEN
Address	1041 MITSCHER DRIVE
City-State-Zip:	KEY WEST FL 33042

Title	SECRETARY
Name	ATILLA, TRACY
Address	3707 FLAGLER
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	LEAMARD, WARREN
Address	2300 HARRIS AVE
City-State-Zip:	KEY WEST FL 33040

Title	EXECUTIVE DIRECTOR
Name	O'CONNOR, AMY
Address	20 BIRCHWOOD DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	HAWKS, ERIKA
Address	1325 SOUTH STREE
City-State-Zip:	KEY WEST FL 33040

I hereby 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 all other like empowered.

SIGNATURE: AMY O'CONNOR**EXECUTIVE DIRECTOR**

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date