

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

10/02/2017

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            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

Title            DIRECTOR  
Name            MEYER, NICK  
Address        16653 BANYAN LANE  
City-State-Zip: SUGARLOAF KEY FL 33042

Title            DIRECTOR  
Name            MORRIS, ERIC  
Address        EAGLE AVENUE  
City-State-Zip: KEY WEST FL 33040

Title            DIRECTOR  
Name            GROSSMAN ORR, NADENE  
Address        3303 DONALD AVENUE  
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**

10/02/2017

Electronic Signature of Signing Officer/Director Detail

Date