

2015 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

03/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VD
Name DICKSTEIN, ERIC
Address 19 CYPRESS
City-State-Zip: KEY WEST FL 33040

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

Title D
Name FOX, TAMMY
Address 17145 WAHOO LANE
City-State-Zip: SUGARLOAF KEY FL 33042

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

Title OFFICER
Name BARRETT, DONALD
Address 13 KESTREL WAY
City-State-Zip: KEY WEST FL 33040

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

Title OFFICER
Name KEKEYREL, JIM
Address 35 SEASIDE SOUTH CT
City-State-Zip: KEY WEST FL 33040

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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**

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER	Title	EXECUTIVE DIRECTOR
Name	LEAMARD, WARREN	Name	O'CONNOR, AMY
Address	2300 HARRIS AVE	Address	20 BIRCHWOOD DRIVE
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040