

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758295

Entity Name: THE LODGING ASSOCIATION OF THE FLORIDA KEYS AND
KEY WEST, INC.**FILED**
Apr 26, 2017
Secretary of State
CC9063056439**Current Principal Place of Business:**818 WHITE STREET
SUITE 8
KEY WEST, FL 33040**Current Mailing Address:**818 WHITE STREET
SUITE 8
KEY WEST, FL 33040 US**FEI Number: 65-0368372****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEINHOFER, JOANNA L
818 WHITE STREET
SUITE 8
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WEINHOFER, JOANNA L
Address	818 WHITE STREET, SUITE 8
City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR
Name	SIMONS, EUGENIA
Address	3824 NORTH ROOSEVELT BLVD
City-State-Zip:	KEY WEST FL 33040
Title	SECRETARY
Name	ROBBINS, STEVE
Address	913 DUVAL STREET
City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR
Name	ZIFER, LISA
Address	387 MEDINA ROAD, SUITE 400
City-State-Zip:	MEDINA OH 44256

Title	CHAIRMAN
Name	MUNGALL, STEVE
Address	2801 N. ROOSEVELT BLVD
City-State-Zip:	KEY WEST FL 33040
Title	TREASURER
Name	TAYLOR, CLIF
Address	3841 N. ROOSEVELT BLVD
City-State-Zip:	KEY WEST FL 33040
Title	IMMEDIATE PAST CHAIR
Name	SCHMIDT, DIANE
Address	245 FRONT ST
City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR
Name	LUNDGREN, KARA
Address	80001 OVERSEAS HIGHWAY
City-State-Zip:	ISLAMORADA FL 33036

Continues on page 2

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: JOANNA L WEINHOFER**PRESIDENT****04/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VC
Name AMNEUS, JOHAN
Address ZERO DUVAL STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name NOWAK, KASHA
Address 1401 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name SMITH, PIPER
Address 201 FRONT STREET # 224
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name GUEVERRA, JONATHAN DR.
Address 5901 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

Title VC
Name THURMAN, KAREN
Address 1996 OVERSEAS HIGHWAY
City-State-Zip: MARATHON FL 33050

Title VC
Name SERMAK, YVONNE
Address 1317 DUVAL STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name MORALES, CARLOS
Address 601 FRONT STREET
City-State-Zip: KEY WEST FL 33040