

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001740

Entity Name: KEY WEST PARROT HEAD CLUB, INC.**Current Principal Place of Business:**400 WHITEHEAD ST. # 1523
KEY WEST, FL 33041**Current Mailing Address:**P.O. BOX 1523
KEY WEST, FL 33041 US**FEI Number:** 65-0983654**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAIGWOOD, JACK
400 WHITEHEAD ST #1523
KEY WEST, FL 33041 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	HAIGWOOD , JACK
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	SECRETARY
Name	HIRST, KAREN
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	TREASURER
Name	HUTCHINSON, SPAFFORD
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	PARLIAMENTARIAN
Name	ADAMS, JEANNE
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	MEMBER AT LARGE
Name	VICKERS, AMY
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	VP
Name	GITTINGS, MICHELLE
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	MEMBERSHIP
Name	HANSON, AMY
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

Title	SOCIAL OFFICER
Name	EDDY, DONALD
Address	400 WHITEHEAD ST. # 1523
City-State-Zip:	KEY WEST FL 33041

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: JACK HAIGWOOD**PRESIDENT****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date