

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000074

Entity Name: 3406 NORTH ROOSEVELT BOULEVARD CORPORATION**Current Principal Place of Business:**1201 WHITE ST.
102
KEY WEST, FL 33040-3328**Current Mailing Address:**1201 WHITE ST.
102
KEY WEST, FL 33040-3328 US**FEI Number:** 65-0368637**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIMBERT, CHRISTINE
1111 12TH STREET
SUITE 408
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:** CHRISTINE LIMBERT

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name STILL, ROBYN
Address THE TACKLE BOX
1901 OVERSEAS HIGHWAY
City-State-Zip: MARATHON FL 33050

Title OFFICER
Name STANLEY, PATTI
Address ISLAND VILLA RENTALS
81681 OLD HIGHWAY
City-State-Zip: ISLAMORADA FL 33036

Title VICE CHAIRPERSON/TREASURER
Name FERNANDEZ, GEORGE L
Address THE KEY WEST BUTTERFLY &
NATURE CONSERVANCY
1316 DUVAL STREET
City-State-Zip: KEY WEST FL 33040

Title OFFICER
Name MONGELLI, BOBBY
Address HOGFISH BAR & GRILL/ROOSTICA
WOOD FIRE PIZZERIA
6810 FRONT STREET
City-State-Zip: KEY WEST FL 33040

Title CHAIRPERSON
Name SCHMIDT, DIANE
Address OPAL KEY RESORT & MARINA
245 FRONT STREET
City-State-Zip: KEY WEST FL 33040

Title OFFICER
Name LARON, PEG
Address BAY HARBOR LODGE AND COCONUT
BAY RESORT
97702 OVERSEAS HIGHWAY
City-State-Zip: KEY LARGO FL 33037

Title CO-TREASURER
Name HENRIQUEZ, DANISE
Address CITY OF KEY WEST
1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title OFFICER
Name OROPEZA, RACHAEL
Address 5901 COLLEGE ROAD
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: GEORGE FERNANDEZVICE CHAIR &
TREASURER

04/28/2025

Officer/Director Detail Continued :

Title	OFFICER
Name	SCHOLL, JIM
Address	MONROE COUNTY BOCC 530 WHITEHEAD STREET
City-State-Zip:	KEY WEST FL 33040