

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002157

**Entity Name:** KEY WEST TOURIST DEVELOPMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

922 CAROLINE ST  
KEY WEST, FL 33040

**Current Mailing Address:**

922 CAROLINE ST  
KEY WEST, FL 33040 US

**FEI Number:** 59-2193665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORGAN, HUGH ESQ.  
317 WHITEHEAD STREET  
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:** HUGH MORGAN

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SMEAD, JEFF  
Address 922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040

Title TRES  
Name SCHMIDT, DIANE  
Address 922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT  
Name ROBBINS, STEVE  
Address 922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name PASQUERETTA, SARA  
Address 922 CAROLINE ST.  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name FOSSUM, DANI  
Address 922 CAROLINE ST.  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name ELWELL, CHRISTOPHER  
Address 922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name SPOTTSWOOD III, JOHN  
Address 922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name MORGAN, HUGH ESQ.  
Address 922 CAROLINE ST  
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:** STEVE ROBBINS

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            TRAHAN, MATT  
Address        922 CAROLINE ST  
City-State-Zip: KEY WEST FL 33040