

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002157

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

**FILED**  
**Jun 24, 2015**  
**Secretary of State**  
**CC3416492496**

**Current Principal Place of Business:**

1111 12TH STREET  
SUITE 211  
KEY WEST, FL 33040

**Current Mailing Address:**

1111 12TH STREET  
SUITE 211  
KEY WEST, FL 33040

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MURPHY, BILL  
Address        1111 12TH STREET SUITE 211  
City-State-Zip: KEY WEST FL 33040

Title            SEC  
Name            LISZKA, JOE  
Address        1111 12TH STREET SUITE 211  
City-State-Zip: KEY WEST FL 33040

Title            TRES  
Name            SCHMIDT, DIANE  
Address        1111 12TH STREET SUITE 211  
City-State-Zip: KEY WEST FL 33040

Title            VP  
Name            ROBBINS, STEVE  
Address        1111 12TH ST SUITE 211  
City-State-Zip: KEY WEST FL 33040

*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:** BILL MURPHY

**PRESIDENT**

**06/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date