



AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application

PO Box 1409  
Key West, FL 33040  
Phone: 305-809-3764  
Fax: 305-809-3978

Home/Property Owner: HARBOR PLACE CONDOMINIUMS Date: 4/4/2012

Mailing Address: 201 FRONT ST. #103, KEY WEST, FL 33040

Owner Signature: [Signature] Owner Ph#: 305 296-0556

Represented by: STERLING CHRISTIAN, REGISTERED AGENT Rep. Ph#: 305 923-1210

Represented by mailing address: SAME

**Attendance at the Tree Commission meeting on the date when your request will be discussed is necessary in order to expedite the resolution of your application.**

A letter of representation from the owner must accompany this application if the owner is unable to attend.

Letter of Representation ( )

Tree(s) Address: 109 FRONT ST - COMMON AREA Cross/Corner Street CAROLINE ST.

Common Name(s) 10-SABAL PALMETTO PALM Scientific Name(s): \_\_\_\_\_

Species Type(s) {check all that apply}:  Palm ( ) Flowering ( ) Fruit ( ) Shade

Reason(s) for Application {check all that apply}:

- |                                                     |                     |                             |
|-----------------------------------------------------|---------------------|-----------------------------|
| <input checked="" type="checkbox"/> REMOVE          | ( ) TRANSPLANT      | ( ) HEAVY MAINTENANCE       |
| ( ) Tree Health                                     | ( ) New Location    | ( ) Branch Removal          |
| ( ) Safety                                          | ( ) Same Property   | ( ) Crown Cleaning/Thinning |
| <input checked="" type="checkbox"/> Other / Explain | ( ) Other / Explain | ( ) Crown Reduction         |

Reason(s) for request:

HARBOR PLACE CONDOMINIUMS WOULD LIKE TO  
REPLACE THESE PALMS WITH OTHER NATIVE PALMS  
THAT WILL BE LESS PROBLEMATIC.

Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.



THE CITY OF KEY WEST  
TREE COMMISSION

Post Office Box 1109, Key West, FL 33041-1109 (305) 809-3764

AUTHORIZATION LETTER

HARBOUR PLACE CONDOMINIUMS

201 FRONT ST #103

KEY WEST, FL 33040

Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, HARRY RAMSEY  
(owner name, print)

have retained STERLING CHRISTIAN, REGISTERED AGENT  
(representative name, address and phone number, print)

to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my  
property at: 109 FRONT ST - COMMON AREA (AT POOL)  
(tree address, print)

You may contact me at 305-292-0983. Thank you.  
(telephone number)



[Signature]  
Signature

4/6/12  
Date

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37670

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** HARBOUR PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

201 FRONT STREET  
SUITE 103  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 FRONT STREET  
SUITE 103  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 65-0185727      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHRISTIAN, STERLING J  
201 FRONT STREET  
SUITE 103  
KEY WEST, FL 33040 US

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

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

**OFFICERS AND DIRECTORS:**

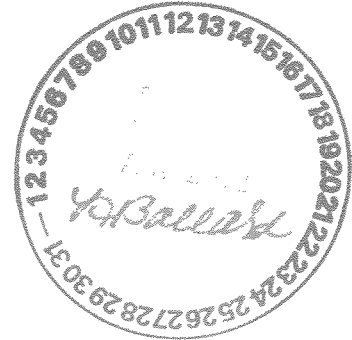
**Title:** PD  
**Name:** MARCUSSEN, ANTHONY G  
**Address:** 1402 BURR RIDGE CLUB DRIVE  
**City-St-Zip:** BURR RIDGE, IL 60527

**Title:** D  
**Name:** RAMSEY, HARRY  
**Address:** 9 WESTON DRIVE  
**City-St-Zip:** MOHNTON, PA 19540

**Title:** VD  
**Name:** MELENDY, KATHY  
**Address:** 20 RAVEN LANE  
**City-St-Zip:** GLOUCESTER, MA 01930

**Title:** TD  
**Name:** CONNOLLY, LARRY  
**Address:** 173 SCHOOL STREET  
**City-St-Zip:** LIBERTYVILLE, IL 60048

**Title:** SD  
**Name:** CALLAHAN, STEVE  
**Address:** 113 FRONT ST., #307  
**City-St-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: ANTHONY MARCUSSEN

PD

03/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date





13037  
No. 4, Ballard  
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

