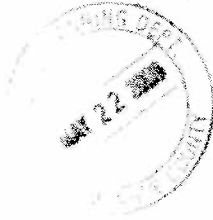


**Attachment 9**  
**Authorization Form**

DEVELOPMENT PLAN AND CONDITIONAL USE APPLICATION  
City of Key West Planning Department  
604 Simonton Street, Key West, FL 33040  
(305) 809-3720



Authorization Form

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, Marilyn G. Erickson, President authorize  
Please Print Name(s) of Owner(s)

Joanne Alexander  
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City of Key West.

Marilyn G. Erickson  
Signature of Owner

\_\_\_\_\_  
Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on 4-30-09 (date) by

Marilyn G. Erickson  
Please Print Name of Affiant

He/She is personally known to me or has presented Driver's License as identification.

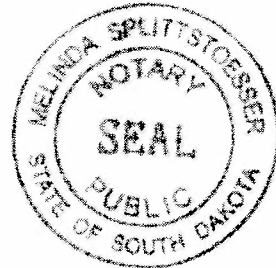
Melinda Splittstoesser  
Notary's Signature and Seal

MELINDA SPLITTSTOESSER Name of Acknowledger printed or stamped

OFFICE MANAGER Title or Rank

\_\_\_\_\_  
Commission Number, if any

My Commission Expires  
February 12, 2015



**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086251

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** SUNSET VENTURES OF KEY WEST, INC.

**Current Principal Place of Business:**

5555 COLLEGE ROAD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5555 COLLEGE ROAD  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0804446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ERICKSON, MARLYN G  
SUNSET VENTURES OF KEY WEST, INC.  
5555 COLLEGE ROAD  
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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** DPTS      ( ) Delete  
**Name:** ERICKSON, MARLYN G  
**Address:** 5555 COLLEGE ROAD  
**City-St-Zip:** KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**



I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARLYN G. ERICKSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPTS

01/27/2009

\_\_\_\_\_  
Date