

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 045 \*\*\*\*61.25



<b>DOCUMENT # 720694</b>			
1. Entity Name <b>KEY LARGO CIVIC CLUB, INC.</b>			
Principal Place of Business <b>209 OCEAN BAY DR KEY LARGO FL 33037 US</b>		Mailing Address <b>P O BOX 1379 KEY LARGO FL 33037 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0105848</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>HARRIS, JOYCE 169 OCEAN SHORES DRIVE KEY LARGO FL 33037</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALBURY, LENORA</b> <b>103 1ST AVE.</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same name (ALBURY)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROOKS, CHARLES</b> <b>35 PIGEON KEY</b> <b>KEY LARGO FL 33037</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>mike NORCROSS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>102 PORTO VISTA CT.</b> <b>ISLAMORADA FL 33036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINKE, MARGE</b> <b>15 BONEFISH AVE.</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARRIS, JOYCE</b> <b>169 OCEAN SHORES DRIVE</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPIEGAL, THERESA</b> <b>367 KEAVE ST.</b> <b>KEY LARGO FL 33037</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUCK BROOKS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>35 PIGEON DR.</b> <b>Key Largo FL 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DERMOTT, CHRIS</b> <b>21 MANGROVE LANE</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joyce Harris Joyce HARRIS 1/29/04 305/451-4526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #