## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#720694**

FILED Feb 19, 2009 Secretary of State

Entity Name: KEY LARGO CIVIC CLUB, INC.

	Principal Place	of Business:	New Principal Place	e of Business:	
	AN BAY DR GO, FL 33037	US			
Current N	Mailing Addres	s:	New Mailing Addres	ss:	
P O BOX KEY LAR	1379 GO, FL 330371:	379 US			
FEI Number	r: 65-0105848	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	AY RINE PLACE GO, FL 33037	US			
	e named entity s te of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	HAGOPIAN, JAC 167 OCEAN SH	ORES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle:			Title: Name: Address:	( ) Change ( ) Addition	
Name: Name: Nddress: City-St-Zip:	NORCROSS, M 102 PORTO VIS ISLAMORADA, I		City-St-Zip:		
Name: Address: Dity-St-Zip: Title: Name: Address:	102 PORTO VIS ISLAMORADA, I T () HESS, FAY 185 CORRINE F	FL 33036 US  Delete  PLACE	City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Nddress:	102 PORTO VIS ISLAMORADA, I T () HESS, FAY 185 CORRINE F KEY LARGO, FI	FL 33036 US  Delete  PLACE L 33036  Delete  EK DRIVE	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	102 PORTO VIS ISLAMORADA, I  T () HESS, FAY 185 CORRINE F KEY LARGO, FI  S () YATES, KATE 134 DOVE CRE TAVERNEIR, FL	PL 33036 US Delete PLACE L 33036 Delete EK DRIVE L 33070 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	•	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK HAGOPIAN P 02/19/2009