

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04-04-2007 90187 018 *****61.25
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DOCUMENT # N00000005993

1. Entity Name
ISLAND OF KEY LARGO FEDERATION OF HOMEOWNER
ASSOCIATIONS, INC.



Principal Place of Business
PO BOX 702
KEY LARGO, FL 33037

Mailing Address
PO BOX 702
KEY LARGO, FL 33037

2. Principal Place of Business - No P.O. Box #
22 South Drive

3. Mailing Address
P.O. Box 702



02252007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key Largo, FL

City & State
Key Largo, FL

4. FEI Number
65-1062501

Applied For
Not Applicable

Zip
33037

Country
U.S.A.

Zip
33037

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAY, VICKY
139 2ND COURT
KEY LARGO, FL 33037

Name
Pauline Klein

Street Address (P.O. Box Number is Not Acceptable)
22 South Drive

City
Key Largo

FL

Zip Code
33037

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 *Pauline Klein* SECRETARY (PAULINE KLEIN) 3-27-07
Signature, typed or printed name of registered agent and title if applicable. / (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	D	☒ Delete
NAME	BURT, ROBBIE	
STREET ADDRESS	219 ALLEN AVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	P	☒ Delete
NAME	LANCASTER, DICK	
STREET ADDRESS	109 ELLINGTON CT	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	V	☒ Delete
NAME	CANNON, BURKE	
STREET ADDRESS	P.O. BOX 451	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	S	☒ Delete
NAME	KLINE, PAULINE	
STREET ADDRESS	22 SOUTH DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	V	☒ Delete
NAME	PERLOFF, LINDA	
STREET ADDRESS	314 LOG B AVENUE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	CANNON, BURKE	
STREET ADDRESS	P.O. Box 451	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VP	☐ Change ☒ Addition
NAME	THACKER, KAY	
STREET ADDRESS	9 SNIPER ROAD	
CITY-ST-ZIP	Key Largo FL 33037	
TITLE	VP	☐ Change ☒ Addition
NAME	BURT ROBERT	
STREET ADDRESS	219 ALLEN AVE	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VP	☐ Change ☒ Addition
NAME	PERLOFF, LINDA	
STREET ADDRESS	314 LOG B AVE.	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	NICKERSON, ANN	
STREET ADDRESS	138 MARINA AVE	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Burke Cannon* (BURKE CANNON)

3-26-07 305-852-6129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #