2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000005993

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

Current Principal Place of Business:

22 SOUTH DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-1062501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, PAULINE
22 SOUTH DRIVE
KEY LARGO, FL 33037 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:	P	( ) Delete
Name:	MILLER, RON	
Address:	206 WEST 1 CT.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	VP	( ) Delete
Name:	THACKER, KAY	
Address:	9 SNIPE ROAD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	VP	( ) Delete
Name:	BURT, ROBERT	
Address:	219 ALLEN AVENUE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	VP	( ) Delete
Name:	PELLOFF, LINDA	
Address:	314 LOEB AVENUE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	T	( ) Delete
Name:	NICKERSON, ANN	
Address:	138 MARINA AVENUE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	S	( ) Delete
Name:	KLEIN, PAULINE	
Address:	22 SOUTH DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	PERLOFF, LINDA	
Address:	314 LOEB AVENUE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON MILLER P 04/14/2009

Electronic Signature of Signing Officer or Director — Date