SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:17

DOCUMENT # **745185** **(9)**

1. Corporation Name
MATECUMBE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
76261 OVERSEAS HWY ISLAMORADA FL 33036	76261 OVERSEAS HWY ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1978
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2181621 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CULLEN, RUSSELL H.
99228 OVERSEAS HIGHWAY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	MANSFIELD, JOHN	12 NAME		
STREET ADDRESS	9831HAITIAN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	NIEBLER, LUCIANN	22 NAME		
STREET ADDRESS	193 E1 CAPITAN DR	23 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☒ Addition
NAME	MACKEL, BEVERLY	32 NAME	Troy Brinkman	
STREET ADDRESS	28080 SW 159 CT	33 STREET ADDRESS	8711 NW 11 ST	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	Hollywood FL, 33024	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	MANSFIELD, JOYCE	42 NAME		
STREET ADDRESS	9831 HAITIAN DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MAIMI FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	CHRISTIAN, RICHARD	52 NAME		
STREET ADDRESS	PO BOX 1378/130 SEA LANE	53 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	GUMBEL, SAMUEL	62 NAME		
STREET ADDRESS	6751 S.W. 56TH COURT	63 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-9-95 (305) 664 8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006410