#### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0800009343

Entity Name: NORTH KEY LARGO UTILITY CORP.

# **Current Principal Place of Business:**

35 OCEAN REEF DRIVE SUITE 220 KEY LARGO, FL 33037

# **Current Mailing Address:**

24 DOCKSIDE LANE PMB #512 KEY LARGO, FL 33037 US

# FEI Number: 65-0545336

# Name and Address of Current Registered Agent:

JENKINS, JOHN R P.A. 27241 SHUMARD OAK CT. BONITA SPRINGS, FL 34135 US

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

# **Officer/Director Detail :**

Title	VP	Title	D
Name	OELTJEN, JEFFREY	Name	WILSON, WILLIAM III
Address	24 DOCKSIDE LANE PMB 505	Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037
Title	DIRECTOR	Title	TREASURER
Name	LOVETT, ANNE	Name	SKINNER, YAEL
Address	24 DOCKSIDE LANE PMB 505	Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037
Title	VP	Title	SECRETARY
Name	LENHART, LAURA	Name	JACKSON, KATHERINE
Address	24 DOCKSIDE LANE PMB 505	Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037
Title	PRESIDENT	Title	DIRECTOR
Name	PEREZ, JUAN	Name	SMITH, III, PHILIP
Address	24 DOCKSIDE LANE PMB 505	Address	24 DOCKSIDE LANE PMB #512
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037

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I hereby 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 all other like empowered.

#### SIGNATURE: KATHERINE JACKSON

SECRETARY

Date

Jan 17, 2023 Secretary of State 6676833250CC

FILED

# Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	SNYDER, THOMAS	Name	FAY, MICHAEL
Address	24 DOCKSIDE LANE PMB #512	Address	24 DOCKSIDE LANE PMB #512
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037
Title	DIRECTOR	Title	DIRECTOR
Tille	DIRECTOR	The	DIRECTOR
Name	SULLIVAN, MICHAEL	Name	TOTONIS, HARRY
Address	24 DOCKSIDE LANE PMB #512	Address	24 DOCKSIDE LANE PMB #512
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037
Title	DIRECTOR	Title	DIRECTOR
Name	WELCH, JOHN	Name	DAVIDSON, PATRICIA
Address	24 DOCKSIDE LANE PMB #512	Address	24 DOCKSIDE LANE PMB #512
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037