

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08000009343

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name OELTJEN, JEFFREY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title P  
Name RITZ, DAVID C  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title C  
Name ELENBAAS, NANETTE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name WISHNACK, MARSHALL  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name STOUT, HENRY  
Address 24 DOCKSIDE LANE, PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name LIST, GARY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name WILSON, WILLIAM III  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name HOLMES, TERESA  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

**Continues on page 2**

*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**

**06/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FOSTER , MICHAEL  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title TREASURER  
Name CONNOLLY, KATARZYNA  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name LEEMHUIS, MIKE  
Address 35 OCEANREEF DR  
SUITE 200  
City-State-Zip: KEY LARGO FL 33037

Title VP  
Name JAMES, TIMOTHY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name WEISLEDER, BROOKE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title VP  
Name TINDLE, GREGORY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title SECRETARY  
Name JACKSON, KATHERINE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037