

2024 FLORIDA NOT FOR PROFIT CORPORATION 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 D
Name KENT, HARLAN
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

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

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

Title VP
Name LENHART, LAURA
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

Title PRESIDENT
Name PEREZ, JUAN
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name SMITH, III, PHILIP
Address 24 DOCKSIDE LANE PMB #512
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

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNYDER, THOMAS
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name OLMERT, AMY
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name WELCH, JOHN
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title VP
Name ARTIME, ARIEL
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name HERMAN, RAYMOND
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name HOFMANN, JOHN
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name TONIS, HARRY
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name DAVIDSON, PATRICIA
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name HARTMANN, WILLIAM
Address 24 DOCKSIDE LANE
PMB #512
City-State-Zip: KEY LARGO FL 33037