

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 06, 2018
Secretary of State
CC0844510789

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 BAXTER, TERRY
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 MEENAN, JIM
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name HOLMES, THERESA
Address 24 DOCKSIDE LANE PMB 505
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

02/06/2018

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, KASKA
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