

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004246

**Entity Name:** LATCHKEY LEAGUE, INC.**Current Principal Place of Business:**592 AVELLINO ISLES CIRCLE, #21302  
NAPLES, FL 34119**Current Mailing Address:**P.O. BOX 413005  
#221  
NAPLES, FL 34101-3005 US**FEI Number:** 47-3966530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARLICK, THOMAS B  
9115 CORSEA DEL FONTANA WAY, STE100  
NAPLES, FL 34109 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	D
Name	BOYD, WILMA
Address	3430 GULF SHORE BLVD.N., #5-1
City-State-Zip:	NAPLES FL 34103

Title	D
Name	NICHOLSON, JACK
Address	1100 PINE RIDGE ROAD
City-State-Zip:	NAPLES FL 34108

Title	VP
Name	WARD, JOANN
Address	5501 HERON POINT DRIVE
City-State-Zip:	NAPLES FL 34108

Title	PRESIDENT EX-OFFICO
Name	PEGGY, COPPOLA
Address	4021 GULF SHORE BLVD N #2005
City-State-Zip:	NAPLES FL 34103

Title	D
Name	COPPOLA, JOSEPH R
Address	4021 GULF SHORES BLVDN.N., #2005
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	SCHAEDEL, WENDY
Address	274 EDGEMERE WAY E.
City-State-Zip:	NAPLES FL 34105

Title	PRESIDENT
Name	TINA, NICHOLSON
Address	6393 HIGHCROFT DRIVE
City-State-Zip:	NAPLES FL 34119

Title	TREASURER
Name	BETTY, BAILEY A
Address	652-98TH AVENUE
City-State-Zip:	NAPLES FL 34108

*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:** BETTY A BAILEY**TREASURER****09/06/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date