

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51179

FILED
Apr 24, 2014
Secretary of State
CC1993260094

Entity Name: PIGEON KEY FOUNDATION, INC.

Current Principal Place of Business:

PIGEON KEY ISLAND - OLD 7-MILE BRIDGE
MARATHON, FL 33050

Current Mailing Address:

5800 OVERSEAS HIGHWAY #6
MARATHON, FL 33050

FEI Number: 65-0379803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ MORATO & ASSOCIATES
5800 OVERSEAS HIGHWAY, #6
MARATHON, FL 33050 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 VICE PRESIDENT
Name PUTO, MIKE MR.
Address P.O. BOX 500130
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name STEINMETZ, ARNOLD GMR.
Address P.O. BOX 500130
City-State-Zip: MARATHON FL 33050

Title SECRETARY
Name JASON, KOLER
Address P.O. BOX 500130
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name GUYAMIER, FRANK
Address 1000 NW 111TH AVENUE
City-State-Zip: MIAMI FL 33172

Title DIRECTOR
Name IVIE, PATTY
Address P.O. BOX 500130
City-State-Zip: MARATHON FL 33050

Title PRESIDENT
Name HILLER, DON
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050

Title TREASURER
Name ANTHONY, CAROLYN
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name STEINMETZ, RIETT
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050

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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: DON HILLER

P

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHAPLIN, BETTYE
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name RHYNE, JIM
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name WILJANEN, KATHY
Address PO BOX 500130
City-State-Zip: MARATHON FL 33050