

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 13 PM 3:36

DOCUMENT # 700479

(9)

1. Corporation Name

KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O DORIS GIBBS
85 LAKESHORE DRIVE, P.O. BOX 235
KEY LARGO FL 33037

C/O DORIS GIBBS
85 LAKESHORE DRIVE, P.O. BOX 235
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1960** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2078220** Applied For ☐ Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 **C/O Phyllis Lynch**
Suite, Apt. #, etc.
22 **20 POINCIANA DRIVE**
City & State
23 **Key Largo FL**
Zip
24 **33037**

25 **C/O Phyllis Lynch**
Suite, Apt. #, etc.
26 **P.O. # 235**
City & State
27 **Key Largo**
Zip
28 **33037**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, DORIS
85 LAKESHORE DRIVE
KEY LARGO FL 33037

81 Name **Phyllis K. Lynch**
82 Street Address (P.O. Box Number is Not Acceptable) **20 POINCIANA DRIVE**
83
84 City **Key Largo** FL 85 Zip Code **33037**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Phyllis K. Lynch, Pres.* (Phyllis K. Lynch, Pres.) DATE **2-2-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOHAMED, BRUCE
STREET ADDRESS 7 ORANGE DR
CITY-ST-ZIP KEY LARGO/FL
TITLE TD
NAME GIBBS, DORIS
STREET ADDRESS 85 LAKESHORE DRIVE
CITY-ST-ZIP KEY LARGO FL
TITLE D
NAME BARON, MABEL
STREET ADDRESS 3 SUNSET DR.
CITY-ST-ZIP KEY LARGO FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME **Phyllis K. Lynch**
1.3 STREET ADDRESS **20 POINCIANA DRIVE**
1.4 CITY-ST-ZIP **Key Largo FL 33037**
2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME **Diane English**
2.3 STREET ADDRESS **55 ORANGE DRIVE**
2.4 CITY-ST-ZIP **Key Largo FL 33037**
3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME **Mohamed, Bruce**
3.3 STREET ADDRESS **7 ORANGE DRIVE**
3.4 CITY-ST-ZIP **Key Largo FL 33037**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.032(9)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Phyllis K. Lynch, Pres.* DATE **2-2-95** (305) 457-4264

PHYLIS KELLY LYNCH, PRES.