

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700479

1. Entity Name

KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O PHYLLIS LYNCH  
20 POINCIANA DR  
KEY LARGO FL 33037  
US

Mailing Address

C/O PHYLLIS LYNCH  
P O BOX 235  
KEY LARGO FL 33037-0235  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2078220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, PHYLLIS K  
20 POINCIANA DR  
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, PHYLLIS K	
STREET ADDRESS	20 POINCIANA DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAMBINO, MARGERY	
STREET ADDRESS	3 PALM BEACH DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MESA, MARIVEL	
STREET ADDRESS	49 SILVER SPRINGS DR	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	BARB	<input type="checkbox"/> Delete
NAME	ARA RICHARDS	
STREET ADDRESS	82 SILVER SPRINGS DR	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WYDEN, VANDER M	
STREET ADDRESS	10 LAKESHORE DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOMEZ, MIKE	
STREET ADDRESS	18 GULF DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90062 015 \*\*\*\*61.25

60044000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

Michael Vander Wyden 3/19/00 305 451-9995