

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-07-2002 90312 020 ****61.25

DOCUMENT # 700479

1. Entity Name

KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

B0019535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2078220

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

LYNCH, PHYLLIS K
20 POINCIANA DR
KEY LARGO FL 33037

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

(NOTE: Registered Agent signature required when reinstating)

1-19-02

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

TITLE **PD** ☐ Delete
 NAME **LYNCH, PHYLLIS K**
 STREET ADDRESS **20 POINCIANA DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **TD** ☒ Delete
 NAME **GAMBINO, MARGERY**
 STREET ADDRESS **3 PALM BEACH DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VD** ☒ Delete
 NAME **MESA, MARIVEL**
 STREET ADDRESS **49 SILVER SPRINGS DR**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **S** ☒ Delete
 NAME **WYDEN, JUNE VANDER**
 STREET ADDRESS **10 LAKE SHORE DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **P** ☒ Delete
 NAME **RICHARD, MARTHA**
 STREET ADDRESS **41 SILVER SPRING DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VP** ☒ Delete
 NAME **WYDEN, MIKE VANDER**
 STREET ADDRESS **10 LAKE SHORE DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
 NAME **LYNCH, PHYLLIS K**
 STREET ADDRESS **20 POINCIANA DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Michael Hale**
 STREET ADDRESS **39 FLORIDA DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **TD** ☒ Change ☐ Addition
 NAME **VANDERWYDEN, MIKE**
 STREET ADDRESS **10 LAKE SHORE DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **S** ☒ Change ☐ Addition
 NAME **ROBIN BARBER**
 STREET ADDRESS **41 FLORIDA DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **T** ☒ Change ☒ Addition
 NAME **JOE STARZYK**
 STREET ADDRESS **9 POINCIANA DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **T** ☒ Change ☐ Addition
 NAME **PHYLLIS LYNCH**
 STREET ADDRESS **KEYS CONTROLLER**
 CITY-ST-ZIP **20 POINCIANA DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-02 (305) 451-4264

CR2E037 (9/01)