2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# 700479

Entity Name: KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2078220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, PHYLLIS K
20 POINCIANA DR
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	LYNCH, PHYLLIS K	
Address:	20 POINCIANA DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	T	( ) Delete
Name:	DEGRAAFF, MARY	
Address:	7 ORANGE DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	P	( ) Delete
Name:	VANDERWYDEN, MIKE	
Address:	10 LAKESHORE DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	SD	( ) Delete
Name:	BARBER, ROBIN	
Address:	41 FLORIDA DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	CB	( ) Delete
Name:	RICHARDSON, LOU	
Address:	35 ORANGE DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	T	(X) Delete
Name:	LYNCH, PHILLIS	
Address:	20 POINZIANA DR	
City-St-Zip:	KEY LARGO, FL 33037	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	VANDERWYDEN, JUNE	
Address:	10 LAKESHORE DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY DEGRAAFF T 01/17/2008
Electronic Signature of Signing Officer or Director Date