FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-25-1999 90017 014 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG -9 AM 11:17

DOCUMENT # 703450

1. Corporation Name
ISLAMORADA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
82688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036	82688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 01/15/1962

4. FEI Number: 59-1031258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOCKHART, RACHEL
82688 OVERSEAS HWY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: KATHERINE DEW
82 Street Address (P.O. Box Number is Not Acceptable): 116 PORTO SALVO DR
83
84 City: ISLAMORADA FL 85 Zip Code: 33036

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Katherine E. Dew KATHERINE E DEW, EXEC. DIR. 7/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSENTHAL, HENRY		1.2 NAME	DON MANSELL	
STREET ADDRESS	P O BOX 585 N/A		1.3 STREET ADDRESS	90144 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, TOM		2.2 NAME		
STREET ADDRESS	P O BOX 1413 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MANSELL, DON		3.2 NAME	ALEXA WHEELER	
STREET ADDRESS	90144 OVERSEAS HWY		3.3 STREET ADDRESS	85960 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER FL 33070		3.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRICKER, TIM		4.2 NAME	CARLA BAHN	
STREET ADDRESS	89 N BAY HARBOR DR		4.3 STREET ADDRESS	P.O. BOX 318	
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

8/18/11

14. 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 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, with all other like empowered.

SIGNATURE: Signature Required 3-19-99 (305) 664-4503
SIGNATURE REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DON MANSELL

CR2EM17 (11/98)