## 2008 NOT-FOR-PROFIT CORPORATION

## Apr 09, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #712157** 04-09-2008 90025 024 \*\*\*\*61.25 KEY LARGO VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 765 P.O. BOX 765 KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-6201931 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAISSON, PATRICIA CAHISSON, PATRICIA C-WRONG SPELLING Street Address (P.O. Box Number is Not Acceptable) 61 AVE E KEY LARGO, FL 33037 City Key CARGO 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. I am familiar with, and accept the obligations of registered agent. 3-13-08 CHAISSON as SacT 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Detete CONTRERAS, CAROLINA ANDERSON, CAROLE NAME STREET ADDRESS 74 AVE A STREET ADDRESS 67 132. CT. CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP Key LARGO, FL 33037 TITLE ☐ Delete TRTLE ■ Addition Change CHAISSON, PATRICIA NAME 61 AVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP Delete TITLE Addition BURT, ROBERTE SALAGO, DONNA NAME NAME STREET ADDRESS 222 ALLEN AVE. 219 ÁLLEN AUC Keylarço, FL 33037 STREET ADDRESS CITY-ST-7IP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition **BUTLER, ALICE** 243 W 2ND ST STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change ■ Addition CACCIATORE, STEVE NAME NAME 105 KAY DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jahr

NAME

STREET ADDRESS

**FILED**