## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712157** 

FILED Mar 24, 2009 Secretary of State

Entity Name: KEY LARGO VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 765 74 AVENUE A

KEY LARGO, FL 33037 KEY LARGO, FL 33037

Current Mailing Address: New Mailing Address:

P.O. BOX 765

KEY LARGO, FL 33037

FEI Number: 59-6201931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAISSON, PATRICIA
ANDERSON, CAROLE

61 AVE E 74 AVENUE A

KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US

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: CAROLE ANDERSON 03/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T () Delete Title: T (X) Change () Addition

Name: CONTRERAS, CAROLINA Name: CABERA, ALINA
Address: 67 1ST CT Address: 169 BUTTONWOOD

City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

 $\label{eq:state_equation} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{($\chi$) Change ($)$ Addition}$ 

Name: CHAISSON, PATRICIA Name: ANDERSON, CAROLE

Address: 61 AVE E Address: 74 AVENUE A

City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BURT, ROBERT E
 Name:
 FAY, VICKY

 Address:
 219 ALLEN AVE
 Address:
 131 SECOND COURT

City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: BUTLER, ALICE Name:

 Name:
 BUTLER, ALICE
 Name:

 Address:
 243 W 2ND ST
 Address:

 City-St-Zip:
 KEY LARGO, FL 33037
 City-St-Zip:

Name: CACCIATORE, STEVE Name: BURT, ROBBIE Address: 105 KAY DRIVE Address: 219 ALLEN

City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 HOWELL, DENNIS

 Address:
 Address:
 HERON LANE

 City-St-Zip:
 City-St-Zip:
 KEY LARGO, FL 33037

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: CAROLE ANDERSON S 03/24/2009