

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 032 ****61.25

DOCUMENT # 714907 1. Entity Name BIG PINE KEY CIVIC ASSOCIATION, INC.					
Principal Place of Business U.S. HWY 1 BIG PINE KEY, FL 33043-0190 US			Mailing Address P.O. BOX 430190 BIG PINE KEY, FL 33043-0190 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2079108	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, JOHN PRES. P.O. BOX 431292 BIG PINE KEY, FL 33043-1292			Name MURPHY, JOHN Street Address (P.O. Box Number is Not Acceptable) 3625 TREASURE ISLAND STREET City BIG PINE KEY FL Zip Code 33043		
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.					
SIGNATURE <u>John Murphy</u> <u>John Murphy, President</u> <u>MARCH 2, 2006</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN <input type="checkbox"/> Delete P.O. BOX 431292 BIG PINE KEY, FL 330431292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MURPHY, JOHN 3625 TREASURE ISLAND STREET BIG PINE KEY, FL 33043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-1 <input checked="" type="checkbox"/> Delete PHILLIPS, SHERRY P.O. BOX 2088 BIG PINE KEY, FL 330432088		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-1 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHEELER, KATHRYN 29791 HARBOR LIGHTS RD BIG PINE KEY, FL 33043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-2 <input type="checkbox"/> Delete BROWN, SANFORD 551 ELMA AVENUE BIG PINE KEY, FL 330433339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SCHNEIDER, BRENDA 3841 DONNA RD BIG PINE KEY, FL 330436111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHNEIDER, ROBERT E 3841 DONNA ROAD BIG PINE KEY, FL 330436111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POKORSKI, VERN 760 BIG PINE AVENUE BIG PINE KEY, FL 330433331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>John Murphy</u> <u>John Murphy</u> <u>3-2-06</u> <u>305-872-1945</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					