


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 714907</b>					
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	4. FEI Number 59-2079108	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <b>MURPHY, JOHN</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3625 TREASURE ISLAND STREET</b>		
			City <b>BIG PINE KEY</b>		Zip Code <b>FL 33043</b>
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>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 P.O. BOX 431292 BIG PINE KEY, FL 330431292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MURPHY, JOHN 3625 TREASURE ISLAND STREET BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-1 PHILLIPS, SHERRY P.O. BOX 2088 BIG PINE KEY, FL 330432088	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-1 WHEELER, KATHRYN 29791 HARBOR LIGHTS RD BIG PINE KEY, FL 33043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-2 BROWN, SANFORD 551 ELMA AVENUE BIG PINE KEY, FL 330433339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNEIDER, BRENDA 3841 DONNA RD BIG PINE KEY, FL 330436111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ROBERT E 3841 DONNA ROAD BIG PINE KEY, FL 330436111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POKORSKI, VERN 760 BIG PINE AVENUE BIG PINE KEY, FL 330433331	<input type="checkbox"/> Delete	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>					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					