

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714907

FILED
Jan 18, 2008
Secretary of State

Entity Name: BIG PINE KEY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

U.S. HWY 1
BIG PINE KEY, FL 330430190 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430190
BIG PINE KEY, FL 330430190 US

New Mailing Address:

FEI Number: 59-2079108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, KATHY
29791 HARBOR LIGHTS DR
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHEELER, KATHY
Address: 29791 HARBOR LIGHTS DR
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: VP-1 () Delete
Name: SCHNEIDER, BRENDA
Address: 3841 DONNA RD
City-St-Zip: BIG PINE KEY, FL 33043

Title: VP-2 () Delete
Name: BROWN, SANFORD
Address: 551 ELMA AVENUE
City-St-Zip: BIG PINE KEY, FL 330433339 US

Title: T () Delete
Name: JONES, LINDA
Address: 29760 JOURNEYS END ROAD
City-St-Zip: BIG PINE KEY, FL 330436111

Title: S () Delete
Name: NAZZARO, KAREN
Address: 1351 W. SHORE DRIVE
City-St-Zip: BIG PINE KEY, FL 330436111

Title: D () Delete
Name: POKORSKI, VERN
Address: 760 BIG PINE AVENUE
City-St-Zip: BIG PINE KEY, FL 330433331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA C. JONES

Electronic Signature of Signing Officer or Director

T

01/18/2008

Date