

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90391 013 ****61.25

DOCUMENT # 722943

1. Entity Name
UPPER KEYS CITIZENS ASSOCIATION, INC.



Principal Place of Business
**31 GARDEN COVE DRIVE
KEY LARGO, FL 33037-5005**

Mailing Address
**31 GARDEN COVE DRIVE
KEY LARGO, FL 33037-5005**

4001000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1780774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARMEL, JOEL
103400 OVERSEAS HWY
KEY LARGO, FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHENOWETH, MICHAEL**
STREET ADDRESS **31 GARDEN COVE DRIVE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VP** ☐ Delete
NAME **CARMEL, JOEL**
STREET ADDRESS **99603 OVERSEAS HWY**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **T** ☐ Delete
NAME **MOWERY, JOAN**
STREET ADDRESS **~~449 SEASIDE AVE~~**
CITY-ST-ZIP **KEY LARGO, FL 33037 OR**

TITLE **D** ☐ Delete
NAME **NICKERSON, FRED**
STREET ADDRESS **138 MARINA AVE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D** ☐ Delete
NAME **PIERCE, PAMELA**
STREET ADDRESS **31 GARDEN COVE DRIVE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **205 N. OCEAN DR RT 7**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Joan Mowery* **Joan Mowery** **4-26-06** **305-451-4195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #