2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722943

FILED Jaņ 13, 2<u>00</u>9 Secretary of State

Entity Name: UPPER KEYS CITIZENS ASSOCIATION, INC.

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

31 GARDEN COVE DRIVE KEY LARGO, FL 330375005

Current Mailing Address: New Mailing Address:

31 GARDEN COVE DRIVE 31 GARDEN COVE DRIVE KEY LARGO, FL 330375005 KEY LARGO, FL 330375005 US

FEI Number: 59-1780774 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:

CHENOWETH, MICHAEL F 31 GARDEN COVE DRIVE KEY LARGO, FL 33037

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition () Delete CHENOWETH, MICHAEL CHENOWETH, MICHAEL F PRES Name: Name: 31 GARDEN COVE DRIVE Address: 31 GARDEN COVE DRIVE Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

Title: Title: (X) Change () Addition () Delete MILLER, RON Name: MILLER, RON B VICE PR Name:

Address: 206 WEST 1ST COURT Address: 206 WEST 1ST COURT City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037

Title: () Delete Title: (X) Change () Addition HEIM, SUSAN R HEIM, SUSAN R TREASUR Name: Name: 9600 US HIGHWAY 1 9600 US HIGHWAY 1 Address: Address:

City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037 Title: () Delete Title: (X) Change () Addition Name: KLEIN, PAULINE Name: KLEIN, PAULINE SECRETA 22 SOUTH DRIVE 22 SOUTH DRIVE Address: Address:

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

Title: () Delete PIERCE, PAMELA Name: Name: 31 GARDEN COVE DRIVE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip:

Title: () Delete Title: () Change () Addition

CAUSEY, CHARLES Name: Name: Address: POST OFFICE BOX 448 Address: ISLAMORADA, FL 33036 City-St-Zip: 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.

Title:

SIGNATURE: MICHAEL F. CHENOWETH **PRES** 01/13/2009