FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:39

DOCUMENT # 729393 (9)

1. Corporation Name

LOWER MATECUMBE BEACH PROPERTY OWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O JUDITH ELLIOTT 202 SUNSET DRIVE ISLAMORADA FL 33036	C/O JUDITH ELLIOTT 202 SUNSET DRIVE ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 03/04/1994
4. FEI Number: 23-7372956 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o JEANNE BRAWNER	26 c/o JEANNE BRAWNER
Suite, Apt. #, etc. 22 113 SUNSET DR.	Suite, Apt. #, etc. 27 113 SUNSET DR
City & State 23 ISLAMORADA, FL.	City & State 28 ISLAMORADA, FL.
Zip 24 33036 Country 25 MONROE	Zip 29 33036 Country 30 MONROE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIOTT, JUDITH
202 SUNSET DRIVE
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

91 Name: JEANNE BRAWNER
92 Street Address (P.O. Box Number is Not Acceptable): 113 SUNSET DR.
93
94 City: ISLAMORADA FL 95 Zip Code: 33036

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jeanne M. Brawner, SECRETARY — DATE: 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TOWNS, GEORGE L	12 NAME	
STREET ADDRESS	74051 OVERSEAS HIGHWAY	13 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HANSON, DONNA	22 NAME	
STREET ADDRESS	107 IROQUOIS DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORDA, FL 00000	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	COPE, DALE	32 NAME	
STREET ADDRESS	100 IROQUOIS DE #3	33 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	ELLIOTT, JUDITY	42 NAME	S JEANNE BRAWNER
STREET ADDRESS	202 SUNSET DR	43 STREET ADDRESS	113 SUNSET DR.
CITY-ST-ZIP	ISLAMORADA FL	44 CITY-ST-ZIP	ISLAMORADA, FL.
TITLE	V	51 TITLE	☑ Change ☐ Addition
NAME	HAMLIN, RICHARD	52 NAME	V ELLIOTT, CHARLES
STREET ADDRESS	249 SUNSET DR	53 STREET ADDRESS	202 SUNSET DR.
CITY-ST-ZIP	ISLAMORADA, FL 00000	54 CITY-ST-ZIP	ISLAMORADA, FL.
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	WIRTH, ALFRED	62 NAME	P RUCKENMEISTER, RICHARD
STREET ADDRESS	918 IROQUIOS DR.	63 STREET ADDRESS	100 IROQUIOS DR.
CITY-ST-ZIP	ISLAMORADA FL	64 CITY-ST-ZIP	ISLAMORADA, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne M. Brawner JEANNE M BRAWNER 3/15/95 664-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008744