FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 729393 (9)

1. Corporation Name

LOWER MATECUMBE BEACH PROPERTY OWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O BRAWNER. JEANNE 113 SUNSET DR ISLAMORADA FL 33036 US	C/O BRAWNER. JEANNE 113 SUNSET DR ISLAMORADA FL 33036 US

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 04/05/1995
4. FEI Number: 23-7372956 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRAWNER, JEANNE
113 SUNSET DR
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: Jim Huffman
82 Street Address (P.O. Box Number is Not Acceptable): 119 IROQUIOS dr
83
84 City: Islamorada FL 85 Zip Code: 33036

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jim Huffman, secretary — DATE: 3/8/96
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOWNS, GEORGE L.		1.2 NAME		
STREET ADDRESS	74051 OVERSEAS HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, DONNA		2.2 NAME		
STREET ADDRESS	107 IROQUOIS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORDA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COPE, DALE		3.2 NAME		
STREET ADDRESS	100 IROQUOIS DE #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		3.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	BRAWNER, JEANNE		4.2 NAME	Jim Huffman	
STREET ADDRESS	113 SUNSET DR		4.3 STREET ADDRESS	119 IROQUIOS dr.	
CITY-ST-ZIP	ISLAMORADA FL		4.4 CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, CHARLES		5.2 NAME		
STREET ADDRESS	202 SUNSET DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	KUCKENMEISTER, RICHARD		6.2 NAME	Robert Dickman	
STREET ADDRESS	100 IROQUIOS DR		6.3 STREET ADDRESS	4500 LE JEUNE Rd	
CITY-ST-ZIP	ISLAMORADA FL		6.4 CITY-ST-ZIP	COVAL GABLES, FL 33146	

CR2E037 (12/95)

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)(k), 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: Jim Huffman Secretary — Jim Huffman — 3/8/96 — 664-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #