FILE NOW: FILING FEE IS $61.25

FILED
Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33036-4230 US

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

9. Name and Address of Current Registered Agent

HUFFMAN, JIM
119 IROQUIOS DR
ISLAMORANDA FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	S	☐ Change ☒ Addition
NAME	TOWNS, GEORGE L.		1.2 NAME	LORI YONKMAN	
STREET ADDRESS	74051 OVERSEAS HIGHWAY		1.3 STREET ADDRESS	5890 SW 36 TER	
CITY-ST-ZIP	ISLAMORADA, FL 00000		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33312	
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		☐ Change ☐ Addition
NAME	HUFFMAN, JIM		4.2 NAME		
STREET ADDRESS	119 IROQUIOS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	DICKMAN, ROBERT		6.2 NAME		
STREET ADDRESS	4500 LEJEUNE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Dale Cope REQUIRED 2-26-97 305-664-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024315