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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 Charles McWhirter 253 Sunset Dr ISLAMORADA FL 33036 US	c/o Charles McWhirter 253 Sunset Dr ISLAMORADA FL 33036 US

3. Date Incorporated or Qualified: 04/18/1974

4. FEI Number: 23-7372956 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

George Towns
P. O. Box 992
ISLAMORANDA FL 33036

10. Name and Address of New Registered Agent

81 Name: George Towns
82 Street Address (P.O. Box Number is Not Acceptable): 74051 Overseas Hwy
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: George L Towns — 4/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOWNS, GEORGE L. 74051 OVERSEAS HIGHWAY ISLAMORADA, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P TOWNS, GEORGE L 74051 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSON, DONNA 107 IROQUOIS DR. ISLAMORDA, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP DICKMAN, ROBERT J 92 SUNSET DR ISLAMORADA, FL 33036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPE, DALE 100 IROQUOIS DE #3 ISLAMORADA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T McELRAVY, JAMES 126 SUNSET DR ISLAMORADA, FL 33036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YONKMAN, LORI 5890 SW 36TH TERRACE FT LAUDERDALE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Mc WHIRTER, CHARLES 253 SUNSET DR ISLAMORADA, FL 33036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ELLIOTT, CHARLES 202 SUNSET DR ISLAMORADA, FL 00000	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D DOOLEY, JOSEPH 101 SUNSET DR ISLAMORADA, FL 33036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKMAN, ROBERT 4500 LEJEUNE RD CORAL GABLES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ELLIOTT, CHARLES 202 SUNSET DR ISLAMORADA, FL 33036	☒ Change ☐ Addition

CR2E037 (10/97)

14. I 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: George L Towns Pres - 8056644374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #