

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729393

FILED
Apr 27, 2006
Secretary of State

Entity Name: LOWER MATECUMBE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 1497
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1578
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 23-7372956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERFIELD, RICHARD
116 PLANTATION SHORES DR
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANSON, RICHARD
Address: 107 IROQUOIS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: NICHOLS, GARY
Address: 153 IROQUOIS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: ST () Delete
Name: HAINES, MIKE
Address: 176 IROQUOIS DR
City-St-Zip: ISLAMORADA, FL 33038

Title: D () Delete
Name: BLACK, LOUISA
Address: 133 SUNSET DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: MYERS, JOHN
Address: 269 SUNSET DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: MANNING, RICHARD
Address: 256 SUNSET DR
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOOLEY, BOBBE
Address: 205 SUNSET DR
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERT, DUNCAN
Address: 132 IROQUOIS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL F. HAINES

ST

04/27/2006

Electronic Signature of Signing Officer or Director

Date