2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# 729393

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:

132 IROQUOIS DR
ISLAMORADA, FL 33036 US

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:	D	( ) Delete
Name:	DODLEY, BOBBIE	
Address:	205 SUNSET DRIVE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) 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:	P	( ) Delete
Name:	DUNCAN, ROBERT	
Address:	132 IROQUOIS 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:	D	(X) Change ( ) Addition
Name:	DODLEY, BOBBE	
Address:	205 SUNSET DRIVE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CRAWFORD, PHIL	
Address:	172 IROQUOIS DR	
City-St-Zip:	ISLAMORADA, FL 33036	

I hereby certify that the information supplied with this filing does not qualify 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: MIKE HAINES ST 02/28/2009

Electronic Signature of Signing Officer or Director — Date