

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736484

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** HISTORICAL PRESERVATION SOCIETY OF THE UPPER KEYS, INC.

**Current Principal Place of Business:**

P.O. BOX 2200  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2200  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 59-9019708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINSON, MARY LOU  
38 E. BEACH ROAD  
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: T ( ) Delete  
Name: PARKER, NEIL  
Address: 136 RIVEIERA DR  
City-St-Zip: TAVERNIER, FL 33070

Title: T ( ) Delete  
Name: ALTMEIER, BRENDA  
Address: 136 BAY VIEW DR  
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete  
Name: MCGREEVY, BARBARA  
Address: 811 OCEANA DR  
City-St-Zip: KEY LARGO, FL 33037

Title: ST ( ) Delete  
Name: WILKINSON, MARY L  
Address: 38 E BEACH RD  
City-St-Zip: TAVERNIER, FL 33070

Title: P ( ) Delete  
Name: JERRY S. WILKINSON,  
Address: 38 E. BEACH RD.  
City-St-Zip: TAVERNIER, FL 33070

Title: V ( ) Delete  
Name: HENDERSON, ULDINE  
Address: 803 OCEANE DRIVE  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: TRELEWICZ, DENIS  
Address: 604 LA PALOMA RD.  
City-St-Zip: KEY LARGO, FL 33037

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

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 Section 119.07(3)(i), 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: MARY LOU WILKINSON

ST

04/13/2005

Electronic Signature of Signing Officer or Director

Date