


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003865**  
 1. Entity Name  
**MIDDLE KEYS COMMUNITY LAND TRUST, INC.**



Principal Place of Business  
**204 91ST STREET  
 UNIT 14  
 MARATHON, FL 33050**

Mailing Address  
**PO BOX 500194  
 MARATHON, FL 33050**



04142006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1118748</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**GREEMAN, FRANKLIN D PA  
 5800 OVERSEAS HIGHWAY  
 SUITE 40  
 MARATHON, FL 33050**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LOVE, DEBBIE PO BOX 500194 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HILL, MORGAN 5800 OVERSEAS HIGHWAY, #17 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MOTHNER, JOSHUA 672 84TH STREET MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BILL JR 611 101ST STREET MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENMAN, FRANKLIN D 5800 OVERSEAS HIGHWAY, SUITE #40 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000539720  
 05/09/06-80111-014 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Debbie Love* **4/25/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #