

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3/30/07 90144 003 61.25
04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1118748

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 renewing)

**Filing Fee is \$61.25
Due by May 1, 2007**

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 872 64TH STREET MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BILL JR 611 101ST STREET MARATHON, FL 33050 <i>Retiree</i>
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	

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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* 4/12/07 305-743-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/2 aw