## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2006 8:00 am DOCUMENT # N00000005993 Secretary of State 1. Entity Name 05-02-2006 90202 025 \*\*\*\*61.25 ISLAND OF KEY LARGO FEDERATION OF HOMEOWNER ASSOCIATIONS, INC. Principal Place of Business Mailing Address PO BOX 702 KEY LARGO FL 33037 PO BOX 702 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-1062501 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAY, VICKY Street Address (P.O. Box Number is Not Acceptable) 139 2ND COURT KEY LARGO FL 33037 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BURT, ROBBIE TITLE ☐ Delete TIFLE ☐ Addition NAME NAME 219 ALLEN AVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE LANCASTER, DICK NAME NAME STREET ADDRESS 109 ELLINGTON CT STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL FAY, VICKY NAME STREET ADDRESS 139 2ND CT STREET ADDRESS CITY - ST - ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Change ☐ Addition THILE Delete TITLE CANNON, BURKE NAME NAME P.O. BOX 451 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE KLINE, PAULINE NAME NAME 22 SOUTH DRIVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PERLOFF, LINDA NAME NAME STREET ADDRESS 314 LOG B AVENUE STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I turther 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:

**FILED**