# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N03000002758

1. Entity Name
CARING FOR CATS IN THE UPPER KEYS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 80925 OVERSEAS HWY<br>ISLAMORADA, FL 33036 | 80925 OVERSEAS HWY<br>ISLAMORADA, FL 33036 |

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-4527275
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTHET, PATRICK C
200 S BISCAYNE BLVD STE 1800
MIAMI, FL 33131

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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 reinstating)

**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 | P |
| NAME | SCHWARTZ, MARGARET A |
| STREET ADDRESS | 182 BAYVIEW DR |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 |
| TITLE | D |
| NAME | REED, ELLEN |
| STREET ADDRESS | 399 PALM DR |
| CITY-ST-ZIP | ISLAMORADA, FL 33036 |
| TITLE | D |
| NAME | GONCZY, NICOLE |
| STREET ADDRESS | 7943 STEWART DR |
| CITY-ST-ZIP | DARIEN, IL 60561 |
| TITLE | D |
| NAME | GONCZY, JOHN S |
| STREET ADDRESS | 36 COMMONS DR |
| CITY-ST-ZIP | PALAS PK, IL 60464 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/01/07-80053-025 61.25

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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:** Margaret Schwartz 2-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #