

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011977

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** UPPER KEYS ASSOCIATION OF DIVE AND SNORKEL OPERATORS, INC.

**Current Principal Place of Business:**

90800 OVERSEAS HIGHWAY #9  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 361  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 76-0810356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACE, BRENDA  
158 COCONUT ROW  
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: DP ( ) Delete  
Name: MACE, GARY  
Address: 158 COCONUT ROW  
City-St-Zip: TAVERNIER, FL 33070

Title: VP ( ) Delete  
Name: DAWSON, DAN  
Address: 100 OCEAN DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: DT ( ) Delete  
Name: MACE, BRENDA  
Address: 158 COCONUT ROW  
City-St-Zip: TAVERNIER, FL 33070

Title: S ( ) Delete  
Name: BRENDA, MACE  
Address: 158 COCONUT ROW  
City-St-Zip: TAVERNIER, FL 33070

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

Title: DP (X) Change ( ) Addition  
Name: MACE, GARY  
Address: 158 COCONUT ROW  
City-St-Zip: TAVERNIER, FL 33070

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 exemption stated 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 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: BRENDA MACE

DT

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date