

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008371

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** THE FRIENDS OF HIGGS BEACH, INC.

**Current Principal Place of Business:**

627 SIMONTON ST  
KEY WEST, FL 33040

**New Principal Place of Business:**

627 SIMONTON ST  
KEY WEST, FL 33040 UN

**Current Mailing Address:**

P.O. BOX 592  
KEY WEST, FL 330410592

**New Mailing Address:**

P.O. BOX 592  
KEY WEST, FL 330410592 UN

**FEI Number:** 27-0808478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCVEIGH, ROGER  
627 SIMONTON ST  
KEY WEST, FL 33040 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: CD  
Name: BEHMKE, MICHAEL  
Address: 920 JOHNSON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: TD  
Name: MCVEIGH, ROGER  
Address: 627 SIMONTON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VCD  
Name: HOLLAND, W. SAM JR  
Address: 1018 17TH TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: KLITENICK, RICHARD M  
Address: 1009 SIMONTON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: SD  
Name: KAUFMAN, SAMUEL J  
Address: 1509 JOSEPHINE STREET, SUITE 1  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: ROGER H MCVEIGH

TD

03/20/2012

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

\_\_\_\_\_  
Date