FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:14

DOCUMENT # **N14522** **(9)**

1. Corporation Name

LOWER MATECUMBE KEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 911 ISLAMORADA FL 33036	P.O. BOX 911 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0067301 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIEBLER, LUCIANN, M 193 EL CAPITAN DR ISLAMORADA FL 33036	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Luciann Niebler — 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☑ Change ☐ Addition
NAME	SILVER, EVELYN	12 NAME	Hanson, Donna	
STREET ADDRESS	181 GULFVIEW DR	13 STREET ADDRESS	167 Iroquis Dr.	
CITY-ST-ZIP	ISLAMORADA FL	14 CITY-ST-ZIP	Islamorada, Fl	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	LADSON, TOM	22 NAME	Sylvester, Eileen	
STREET ADDRESS	76188 OVERSEAS HWY	23 STREET ADDRESS	166 Gulfview Dr.	
CITY-ST-ZIP	ISLAMORADA FL	24 CITY-ST-ZIP	Islamorada, Fl	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	STEVENS, WILLIAM H.	32 NAME		
STREET ADDRESS	109 OCEAN LANE	33 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	GAETJENS, WILLIAM	42 NAME		
STREET ADDRESS	178 BAYVIEW DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H Stevens William H. Stevens 4/23/95 305-664-8801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0034934