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04-26-1999 90096 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14522

1. Corporation Name
LOWER MATECUMBE KEY ASSOCIATION, INC.

414005 - 90096 - 34

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0067301 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HANSON, DONNA
107 IROQUOIS DRIVE
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, DONNA		1.2 NAME		
STREET ADDRESS	107 IROQUIS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	LAMTERT, ANDRE		2.2 NAME	ROLAND MOORE	
STREET ADDRESS	11370 TWELVE OAKS WAY., #114		2.3 STREET ADDRESS	250 SUNSET DRIVE	
CITY-ST-ZIP	ISLAMORADA FL		2.4 CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, MARY JANE		3.2 NAME		
STREET ADDRESS	101 MADEIRA CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, SUZANNE		4.2 NAME		
STREET ADDRESS	151 COLUMBUS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	P/JAY MILLER	☒ Change ☐ Addition
NAME	ORTOLANI, ARTHUR		5.2 NAME	151 COLUMBUS DRIVE	
STREET ADDRESS	213 TOLLGATE LANE, ~~correct spelling~~		5.3 STREET ADDRESS	ISLAMORADA, FL	
CITY-ST-ZIP	ISLAMORADO FL ~~ISLAMORADA~~		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED D Donna J Hanson 305 852-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPE037-(11/98)