

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14522

1. Entity Name

LOWER MATECUMBE KEY ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 911
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 911
ISLAMORADA FL 33036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1

4. FEI Number

65-0067301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, DONNA
107 IROQUOIS DRIVE
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

Street

Ms. Luciann Niebler-Spare
193 El Capitan Dr.
Islamorada, FL 33036

ceptable)

City

FL

Zip Code

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.

SIGNATURE

Luciann M Niebler - Spare

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HANSON, DONNA
107 IROQUOIS DR
ISLAMORADA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, ROLAND
250 SUNSET DR
ISLAMORADA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
O'BRIEN, MARY JANE
101 MADEIRA CT
ISLAMORADA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, SUZANNE
151 COLUMBUS DRIVE
ISLAMORADA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MILLER, JAY
151 COLUMBUS DR
ISLAMORADA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD Maggie Staba
PO Box 648
Islamorada FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD Sally Bauer
75995 Overseas Hwy.
Islamorada FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Eileen Sylvester
146 Gulfview Dr.
Islamorada ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Ms. Luciann Niebler-Spare
193 El Capitan Dr.
Islamorada, FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Helen Rowan
7849 Preserve Dr.
West Palm Bch FL 33412

12. 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 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:

Luciann M Niebler-Spare

President 7/18/01

305-464-5241

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90010 019 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)