

2002 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

6. Name and Address of Current Registered Agent

NIEBLER-SPARE, MS LUCIANN
193 EL CAPITAN DR
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

C

SIGNATURE

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	TD	☒ Delete
NAME	STABA, MAGGIE	
STREET ADDRESS	P O BOX 648	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	☒ Delete
NAME	MOORE, ROLAND	
STREET ADDRESS	250 SUNSET DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	☐ Delete
NAME	BAUER, SALLY	
STREET ADDRESS	75995 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	☒ Delete
NAME	SYLVESTER, EILEEN	
STREET ADDRESS	166 GULFVIEW DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D D/T	☐ Delete
NAME	NIEBLER-SPARE, MS LUCIANN	
STREET ADDRESS	193 EL CAPITAN DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	☒ Delete
NAME	ROWAN, HELEN	
STREET ADDRESS	7849 PRESERVE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD P/D	☐ Change ☒ Addition
NAME	Michael Reckwerdt	
STREET ADDRESS	P O Box 86	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	V/D	☐ Change ☒ Addition
NAME	Hadley, Gordon	
STREET ADDRESS	123 Buena Vista	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	☐ Change ☒ Addition
NAME	Smith, Dan	
STREET ADDRESS	76340 Overseas Hwy	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	☐ Change ☒ Addition
NAME	Quirk, Lou	
STREET ADDRESS	164 Sibux St	
CITY-ST-ZIP	Tavernier FL 33070	
TITLE	D	☐ Change ☒ Addition
NAME	Staffin, Ed	
STREET ADDRESS	157 Venetian P	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	☐ Change ☒ Addition
NAME	Taylor, Glen	
STREET ADDRESS	75055 Overseas Hwy	
CITY-ST-ZIP	Islamorada, FL 33036	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luciann Niebler-Spare 7/15/02 305-664-5241

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90286 044 ****61.25

CR2E037 (9/01)