

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90088 036 ****61.25

40056165



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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 65-0067301		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HADLEY, GORDON 123 BUENTA VISTA ISLAMORADA, FL 33036			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;">FL</div> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRCH, LOUIS		NAME		
STREET ADDRESS	164 SIOUX ST		STREET ADDRESS		
CITY - ST - ZIP	TAVERNIER, FL 33070		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADLEY, GORDON		NAME		
STREET ADDRESS	123 BUENA VISTA		STREET ADDRESS		
CITY - ST - ZIP	ISLAMORADA, FL 33036		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, SALLY		NAME		
STREET ADDRESS	75995 OVERSEAS HWY		STREET ADDRESS		
CITY - ST - ZIP	ISLAMORADA, FL 33036		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOE, BARBARA		NAME	MAY JANE O'Brien	
STREET ADDRESS	222 GULFVIEW DR.		STREET ADDRESS	101 Madeira Ct	
CITY - ST - ZIP	ISLAMORADA, FL 33036		CITY - ST - ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CLAIRE		NAME		
STREET ADDRESS	185 NAUTILUS DR.		STREET ADDRESS		
CITY - ST - ZIP	ISLAMORADA, FL 33036		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOWER, SHERYL		NAME	DONNA Gleason	
STREET ADDRESS	115 PLAZA DEL LOGO		STREET ADDRESS	102 Court Contessa	
CITY - ST - ZIP	ISLAMORADA, FL 33036		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: <u>Barbara G Moe</u> BARBARA MOE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/06/05</u> Daytime Phone # <u>(305) 517-9085</u>		