2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # N14522** 04-30-2007 90473 032 ****61.25 LOWER MATECUMBE KEY ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 911 P.O. BOX 911 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 60045443 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0067301 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADLEY, GORDON Street Address (P.O. Box Number is Not Acceptable) 123 BUENTA VISTA ISLAMORADA, FL 33036 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Change ☐ Addition QUIRCH, LOUIS NAME NAME 164 SIOUX ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME HADLEY, GORDON NAME STREET ADDRESS 123 BUENA VISTA STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL 33036 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BAUER, SALLY NAME NAME 75995 OVERSEAS HWY STREET ADDRESS STREET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME MOC, BARBARA NAME STREET ADDRESS 222 GULFVIEW DR STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL 33036 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, CLAIRE MAME NAME STREET ADDRESS 185 NAUTILUS DR. STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL 33036 CITY-ST-ZIP TMF ☐ Delete TITLE ☐ Change · ☐ Addition GLEASON, DONNA NAME NAME STREET ADDRESS 102 CRT CONTESSA STREET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FILED

Daytime Phone #

GORDON HADIET