2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N14522

Entity Name: LOWER MATECUMBE KEY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 911
ISLAMORADA, FL 33036

New Principal Place of Business:

LOWER MANTECUMBE
ISLAMORADA, FL 33036

Current Mailing Address:

P.O. BOX 911
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0067301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HADLEY, GORDON
123 BUENTA VISTA
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLACKBURN, TED
Address: 124 BUENA VISTA CT
City-St-Zip: ISLAMORADA, FL 33036

Title: VD ( ) Delete
Name: HADLEY, GORDON
Address: 123 BUENA VISTA
City-St-Zip: ISLAMORADA, FL 33036

Title: PD ( ) Delete
Name: JOHNSON, CLAIRE
Address: 185 NAUTILUS DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: SD ( ) Delete
Name: GLEASON, DONNA
Address: 102 CRT CONTESSA
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change ( ) Addition
Name: BLACKBURN, TED
Address: 124 BUENA VISTA CT
City-St-Zip: ISLAMORADA, FL 33036

Title: PRES (X) Change ( ) Addition
Name: HADLEY, GORDON
Address: 123 BUENA VISTA
City-St-Zip: ISLAMORADA, FL 33036

Title: S (X) Change ( ) Addition
Name: JOHNSON, CLAIRE
Address: 185 NAUTILUS DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: VP (X) Change ( ) Addition
Name: GLEASON, DONNA
Address: 102 CRT CONTESSA
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED BLACKBURN TRES 02/27/2009

Electronic Signature of Signing Officer or Director — Date