

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14522

**FILED**  
**Jun 20, 2010**  
**Secretary of State**

**Entity Name:** LOWER MATECUMBE KEY ASSOCIATION, INC.

**Current Principal Place of Business:**

LOWER MANTECUMBE  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**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: TRES  
Name: BLACKBURN, TED  
Address: 124 BUENA VISTA CT  
City-St-Zip: ISLAMORADA, FL 33036

Title: PRES  
Name: HADLEY, GORDON  
Address: 123 BUENA VISTA  
City-St-Zip: ISLAMORADA, FL 33036

Title: S  
Name: JOHNSON, CLAIRE  
Address: 185 NAUTILUS DR.  
City-St-Zip: ISLAMORADA, FL 33036

Title: VP  
Name: GLEASON, DONNA  
Address: 102 CRT CONTESSA  
City-St-Zip: ISLAMORADA, FL 33036

I hereby 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 all other like empowered.

SIGNATURE: TED BLACKBURN

TRES

06/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date