

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14522

FILED
Apr 21, 2011
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:

LOWER MATECUMBE
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 BUENA VISTA
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

HADLEY, GORDON
123 BUENA VISTA
ISLAMORADA, FL 33036 US

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: GORDON HADLEY

04/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES
Name: STURKEN, CRAIG
Address: 117 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: HABER, ANN
Address: 114 SUNSET DRIVE
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: CRAIG STURKEN

TRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date