

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90155 017 \*\*\*\*\*61.25

**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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NIEBLER-SPARE, MS LUCIANN**  
**193 EL CAPITAN DR**  
**ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKWERDT, MICHAEL P O BOX 86 ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HADLEY, GORDON 123 BUENA VISTA ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUER, SALLY 75995 OVERSEAS HWY ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAN 76340 OVERSEAS HWY ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NIEBLER-SPARE, MS LUCIANN 193 EL CAPITAN DR ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, CANDY 77255 OVERSEAS WAY ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Louis Quitch 164 Sioux St Tavernier, FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Barbara Moe 322 Gulfview Dr ISLAMORADA, FL 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bay Neal 110 Columbus Dr Islamorada, FL 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheryl Bower 115 Plaza Del Lago Islamorada, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SICILIA W. REQUIRE**

Barbara A Moe

4/21/03

(305) 517-9085

CR2E037 (10/02)