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NONPROFIT CORPÖRATION **ANNUAL REPORT** 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #1. Corporation Name

(8)

FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC

SECREMONY OF SYMPE TALLANDSSEE, FLORIDA

APPROVED

1998 FED -2 PM 3: 03

Principal Place of Business Mailing Address 84371 OVERSEAS HIGHWAY P.O. BOX 236 3. Date incorporated or Qualified ISLAMORADA FL 33036 ISLAMORADA FL 33036 <u>06/18/1987</u> 4. FEI Number Applied For 65-0028954 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEA, STEVEN P. 82 Street Address (P.O. Box Number is Not Acceptable) 786 DUCK KEY DR 83 DUCK KEY FL 33050 84 Zip Code 85

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE PD FAHRER, ALISON NAME 1.2 NAME P. O. BOX 447 N/A STREET ADDRESS 1.3 STREET ADDRESS ISLAMORADA FL 1.4 CiTY - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STROBEL, KAREN NAME 2.2 NAME PO BOX 1527 N/A STREET ADDRESS 2.3 STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME Haring, skip 3.2 NAME STREET ADDRESS P O BOX 838 N/A 3.3 STREET ADDRESS LONG KEY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME LUCI. NIEBLER 4. 2 NAME **193 EL CAPITAN DRIVE** STREET ADDRESS 4.3 STREET ADDRESS ISLAMORADA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SYLVESTER, EILEEN NAME 5.2 NAME STREET ADDRESS 166 GULFVIEW DRIVE 5.3 STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITL€ 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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N Department of Environmental Protection

Lawton Chiles Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

Virginia B. Wetherell Secretary

January 27, 1998

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that The Friends of The Islamorada Area State Parks, *Inc.*, is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

FPM/paw Attachments