

2006 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N21189 1. Entity Name: FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC.					
Principal Place of Business 84371 OVERSEAS HIGHWAY ISLAMORADA, FL 33036			Mailing Address P.O. BOX 236 ISLAMORADA, FL 33036		
2. Principal Place of Business 84900 Overseas Hwy		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0028954	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKLAS, JOE MILE MARKER 88.7 TAVERNIER, FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="text-align: center; margin-top: 10px;"> </div>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYLVESTER, EILEEN 166 GULFVIEW DR. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-T SKIP HARING 68300 Overseas Hwy (P.O. Box 838) LONG KEY FL 33001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROBEL, KAREN 165 CORAL RD. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ellie Kirchner 155 Cort Lane TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, KATHLEEN 148 GARDENIA STREET TAVERNIER, FL 33070	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Reckwerdt 7 SUNDRI LANE (P.O. Box 86) ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSE, CATHY LONG KEY STATE PARK, PO #776 LONG KEY, FL 33001	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM KIRCHNER 1104 GRAND ST Key Largo FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, PAT POST OFFICE BOX 1052 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY McBride 170 Rushton Lane TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRUNT, DONNA 102 MOHAWK STREET TAVERNIER, FL 33070	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL Albury Johnson 105 1st Avenue Key Largo FL 33037
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Eileen F. Sylvester</u> 4/26/06 305-664-5574 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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BUREAU OF
OPERATIONAL SERVICES

4/25/19