

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26445

FILED
Apr 01, 2006
Secretary of State

Entity Name: LOWER KEYS GOLF ASSOCIATION, INC.

Current Principal Place of Business:

19649 CALOOSA STREET
SUMMERLAND KEY, FL 33042 US

New Principal Place of Business:

Current Mailing Address:

19649 CALOOSA STREET
SUMMERLAND KEY, FL 33042 US

New Mailing Address:

FEI Number: 65-0128462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KITCHING, JANICE E T
19649 CALOOSA STREET
SUMMERLAND KEY, FL 33042 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: D () Delete
Name: ROCHELLE, ED
Address: 2103 FOGARTY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CLEMENTS, KATHERINE
Address: 1025 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: RONEY, DAVE
Address: 19609 CALOOSA STREET
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: S () Delete
Name: STILLWAGON, CRISS
Address: 38 FIRST STREET
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: RODDA, GERALD
Address: 3745 GUMBO LUMBO ST
City-St-Zip: RAMROD KEY, FL 33043

Title: T () Delete
Name: KITCHING, JANICE
Address: 19649 CATOOSA ST
City-St-Zip: SUGARLOAF KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HOWE, MIA
Address: 17171 SEAGRAPE
City-St-Zip: SUGARLOAF, FL 33043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANICE E KITCHING

T

04/01/2006

Electronic Signature of Signing Officer or Director

Date