2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N26445

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 ( )**

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:	HOWE, MIA	
Address:	17171 SEAGRAPE	
City-St-Zip:	SUGARLOAF, FL 33043	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	KITCHING, JANICE	
Address:	19649 CALOOSA ST	
City-St-Zip:	SUGARLOAF KEY, FL 33042	

I hereby certify that the information supplied with this filing does not qualify 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 04/29/2007

Electronic Signature of Signing Officer or Director — Date