1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N42130

LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business LOWERKEYS PROPERTY OWNERS ASSOC INC P O BOX 430420 BIG PINE KEY FL 33043

Mailing Address P.O. BOX 430212 BIG PINE KEY FL 33043

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90016 034 ****61.25



3. Date Incorporated or Qualifed

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9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 BiG PINE KEY FL 33043 84 City FL 85 Zip Co 11. 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 re 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent and state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Agent aligneture required when reinstating) DATE Signature, typed or printed name of registered agent and state if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR. 12. WARE WARREN JOHNSON STREET ADDRESS 1680 HELENS 1.3 STREET ADDRESS 1680 FILE STREET ADDRESS 1680	gistered stered
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CITY-ST-ZIP BIG PINE KEY FL 33043 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 info	•

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, with all other like empowered.