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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42130

1. Corporation Name

LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

LOWERKEYS PROPERTY OWNERS ASSOC INC
P O BOX 430420
BIG PINE KEY FL 33043
US

Mailing Address

P.O. BOX 430212
BIG PINE KEY FL 33043
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/15/1991

4. FEI Number

59-2035632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEISER, DICK
1680 HELENS
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HEISER, DICK**
STREET ADDRESS **1680 HELENS**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **V** ☐ DELETE
NAME **HANSEN, TED**
STREET ADDRESS **1683 CANAL STREET**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **D** ☒ DELETE
NAME **TURNER, WM**
STREET ADDRESS **22786 JOLLY ROGERS**
CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **D** ☒ DELETE
NAME **BISHOP, NEVA**
STREET ADDRESS **P O BOX 430420 N/A**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **D** ☐ DELETE
NAME **BAUER, DICK**
STREET ADDRESS **RT 5 BOX 869 N/A**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **D** ☐ DELETE
NAME **FORD, ERMA**
STREET ADDRESS **1653 FORD DR**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **2ND V** ☐ Change ☒ Addition
1.2 NAME **WARREN JOHNSON**
1.3 STREET ADDRESS **P.O. BOX 2322**
1.4 CITY-ST-ZIP **KEY WEST FL. 33040**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **KALL MEYER, PAUL**
2.3 STREET ADDRESS **701 SPANISH MAIN**
2.4 CITY-ST-ZIP **SUMMERLAND, FL. 33042**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **STEVE FAJADOR**
3.3 STREET ADDRESS **1748 PINE CHANNEL DR**
3.4 CITY-ST-ZIP **SUMMERLAND FL 33042**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

ERMA FORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

305-872-9440
Daytime Phone #

0025171

CR2E037 (4/1/98)