

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42130

1. Entity Name

LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90122 003 \*\*\*\*61.25

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 33043-0212 US
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2. Principal Place of Business 1668 BOGIE DR.	3. Mailing Address Suite, Apt. #, etc.
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City & State Big Pine Key, FL.	City & State
Zip 33043	Country MONROE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2035632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEISER, DICK 1680 HELENS BIG PINE KEY FL 33043	7. Name and Address of New Registered Agent Name WARREN JOHNSON Street Address (P.O. Box Number is Not Acceptable) 1727 PINE CHANNEL DR. City LITTLE TORCH KEY FL Zip Code 33042
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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.

SIGNATURE DATE 4/19/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
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12. 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 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: DATE 4/19/00 305-872-9410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)