

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42130**

1. Entity Name



**LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**LOWER KEYS PROPERTY OWNERS ASSOC INC**  
**1668 BOGIE DRIVE**  
**BIG PINE KEY FL 33043**  
**US**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2035632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YONKINGS, CHALRES**  
**30884 MALAGA LANE**  
**BIG PINE KEY FL 33043**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **YONKINGS, CHARLES**  
CITY-ST-ZIP **30884 MALAGA LANE**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **WAY, DON**  
CITY-ST-ZIP **1817 WATSON BLVD**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **HEISER, DICK**  
CITY-ST-ZIP **1680 HELEN ST.**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **FORD, DERMA**  
CITY-ST-ZIP **1653 FORD RD.**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HENCKEL, ROBERT**  
CITY-ST-ZIP **31579 AVE E**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WARD, LINDA**  
CITY-ST-ZIP **3704 POINCIANA ST**  
**BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Erma Ford ERMA FORD (TREASURER)**

**4-9-07**

**305-872-9410**