

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 040 ****61.25

DOCUMENT # N47346

1. Entity Name

**MATECUMBE OCEAN VIEW PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**110 COLUMBUS DR.
ISLAMORADA FL 33036**

Mailing Address

**P.O. BOX 233
ISLAMORADA FL 33036**

00027111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

**BARTHET, PATRICK C.
200 S BISCAYNE BLVD., STE 2870
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131**

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, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCGUIRE, TIM	
STREET ADDRESS	137 CORTEZ DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUFF, JOE	
STREET ADDRESS	112-B CORTEZ DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	QUIMBY, EUNA	
STREET ADDRESS	129 CORTEZ DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, JACK	
STREET ADDRESS	110-A CORTEZ DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BILL	
STREET ADDRESS	147 COLUMBUS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABBAY, HOWARD	
STREET ADDRESS	162 COLUMBUS DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BILL BILL SMITH	
STREET ADDRESS	147 COLUMBUS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE RODRIGUEZ	
STREET ADDRESS	7500 SW 74TH CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK SNYDER	
STREET ADDRESS	110-A CORTEZ DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD ABBAY	
STREET ADDRESS	162 COLUMBUS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE DIAZ	
STREET ADDRESS	135 COLUMBUS DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jack Snyder JACK SNYDER 3/9/05 305 664-5875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #