

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90067 018 ****61.25

DOCUMENT # N93000005673

1. Entity Name

MIDDLE KEYS MARINE ASSOCIATION, INC.



Principal Place of Business

**700 39TH ST., OCEAN
MARATHON FL 33050**

Mailing Address

**PO BOX 501806
MARATHON FL 33050-1806
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0450581

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

**MILLER, ROBERT K
2975 OVERSEAS HWY
MARATHON FL 33050**

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, 2004**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BOSSERT, SHARON	
STREET ADDRESS	700 39TH ST., GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACKER, SUZE	
STREET ADDRESS	921 51ST ST GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, CATHY	
STREET ADDRESS	61 COCO PLUM DRIVE	
CITY-ST-ZIP	MARATHON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, BERNICE	
STREET ADDRESS	1410 OCEANVIEW AVE.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPELT, JOAN	
STREET ADDRESS	10701 5TH AVE., GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, JOHN	
STREET ADDRESS	700 39TH ST., GULF	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodamead, Tom	
STREET ADDRESS	2250 Overseas Highway	
CITY-ST-ZIP	Marathon, FL. 33050	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shotwell, Gary	
STREET ADDRESS	11215 Overseas Highway	
CITY-ST-ZIP	Marathon, FL. 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stiglitz, John	
STREET ADDRESS	1230 Overseas Highway	
CITY-ST-ZIP	Marathon, FL. 33050	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewlitt, Barbara	
STREET ADDRESS	3390 Gulfview Avenue	
CITY-ST-ZIP	Marathon, FL. 33050	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mensman, Greg	
STREET ADDRESS	1021 11th Street, Ocean	
CITY-ST-ZIP	Marathon, FL. 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barth, Muffett	
STREET ADDRESS	10701 6th Avenue, Gulf	
CITY-ST-ZIP	Marathon, FL. 33050	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cathy Cavanaugh **CATHY CAVANAUGH** 3/17/04 305-743-5288