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

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # N97000005172 1. Entity Name 04-21-2004 90055 033 ****61.25 UPPER KEYS GARDEN CLUB, INC. Principal Place of Business Mailing Address 245 HIBISCUS TAVERNIER FL 33070 245 HIBISCUS TAVERNIER FL 33070 94059318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3673229 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHULLAW, LYNN 245 HIBISCUS Street Address (P.O. Box Number is Not Acceptable) TAVERNIER FL 33070 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ✓ Delete TITLE □ Change ★ Addition P SACHAROFF, GAY NAME NAME Kay Hazelhurst 156 BOUGAINVILLEA ST STREET ADDRESS STREET ADDRESS 113 Key Heights Drive KEY LARGO FL 33070 CITY-ST-ZIP CITY-ST-ZIP Pavernier, FL 33070 TITLE □ Delete THILE ☐ Change Addition CULLIN, PAT NAME NAME Chris Childree 684 DOLPHIN AVE STREET ADDRESS STREET ADDRESS TAVERNIËR FL 33070 97652 Overseas Hwy. CITY-ST-ZIP CITY-ST-ZIP Tavernier, FL 33070 TITLE Delete TITLE Change Addition ANDERSON," SHARON" NAME NAME 95704 OVERSEAS HWY Carolyn Friedman STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 7503030verseas Hwy. CITY-ST-ZIP CITY-ST-ZIP Islamorada, FL 33036 🔀 Delete TITLE TITLE ☐ Change **➤** Addition MOBLEY, MARY LEE NAME NAME 64 SNAPPER AVE. STREET ADDRESS STREET ADDRESS Gunilla Wade KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP P.O. Box 561 Key Largo, FL 33037 TITLE ☐ Delete TITLE ☐ Change Addition SHULLAW, LYNN NAME NAME 245 HIBISCUS ST STREET ADDRESS STREET ADDRESS **TAVERNIER FL 33070** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RICHARDSON, IRMA NAME NAME 333 WOODS AVE STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED