

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

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005172

1. Entity Name

UPPER KEYS GARDEN CLUB, INC.



Principal Place of Business

245 HIBISCUS
TAVERNIER FL 33070

Mailing Address

245 HIBISCUS
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3673229

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

SHULLAW, LYNN
245 HIBISCUS
TAVERNIER FL 33070

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	P	<input type="checkbox"/> Delete
NAME	HAZELHURST, KAY	
STREET ADDRESS	113 KEY HEIGHTS DR.	
CITY- ST- ZIP	KEY LARGO FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDRÉE, CHRIS	
STREET ADDRESS	97652 OVERSEAS HWY	
CITY- ST- ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, CAROLYN	
STREET ADDRESS	75030 OVERSEAS HWY.	
CITY- ST- ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNILLA, WADE	
STREET ADDRESS	P.O. BOX 561	
CITY- ST- ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME	SHULLAW, LYNN	
STREET ADDRESS	245 HIBISCUS ST	
CITY- ST- ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, IRMA	
STREET ADDRESS	333 WOODS AVE	
CITY- ST- ZIP	TAVERNIER FL 33070	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000261916	
STREET ADDRESS	03/14/05-80032-007 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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)(f), 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: LYNN SHULLAW *Lynn Shullaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05 305-852-8629

DATE

Daytime Phone #