


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90148 040 ****61.25

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-3673229	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SHULLAW, LYNN 245 HIBISCUS TAVERNIER FL 33070	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZELHURST, KAY		NAME	Mary Nelson	
STREET ADDRESS	113 KEY HEIGHTS DR.		STREET ADDRESS	374 Bahia Ave.	
CITY-ST-ZIP	KEY LARGO FL 33070		CITY-ST-ZIP	Key Largo, FL 33070	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDREE, CHRIS		NAME		
STREET ADDRESS	97652 OVERSEAS HWY		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, CAROLYN		NAME		
STREET ADDRESS	75030 OVERSEAS HWY.		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNILLA, WADE		NAME		
STREET ADDRESS	P.O. BOX 561		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULLAW, LYNN		NAME		
STREET ADDRESS	245 HIBISCUS ST		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, IRMA		NAME		
STREET ADDRESS	333 WOODS AVE		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		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: *Lynn Shullaw* LYNN SHULLAW treas. 4/18/06 305-852-8629