

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005172

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** UPPER KEYS GARDEN CLUB, INC.

**Current Principal Place of Business:**

23801 OVERSEAS HWY  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

465 BAHIA AVE  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 59-3673229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCGLONE, EVELYN  
465 BAHIA AVE  
KEY LARGO, FL 33037      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELSON, MARY  
Address: 374 BAHIA AVE  
City-St-Zip: KEY LARGO, FL 33070

Title: D ( ) Delete  
Name: CHILDREE, CHRIS  
Address: 97652 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: FRIEDMAN, CAROLYN  
Address: 75030 OVERSEAS HWY.  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: GUNILLA, WADE  
Address: P.O. BOX 561  
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete  
Name: MCGLONE, EVELYN  
Address: 465 BAHIA AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: RICHARDSON, IRMA  
Address: 333 WOODS AVE  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY NELSON

PRES

07/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date