

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000002123**

1. Entity Name  
**KEY LARGO PROPERTY HOLDINGS CORP.**



Principal Place of Business  
**103355 OVERSEAS HWY  
KEY LARGO, FL 33037 US**

Mailing Address  
**C/O ROBERT G. MAHLER  
1 WEST 64TH STREET #9B  
NEW YORK, NY 10023**

**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>13-3983049</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GREGG, MARK  
99101 OVERSEAS HWY  
KEY LARGO, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 the applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MAHLER, ROBERT G
STREET ADDRESS	1 WEST 64TH STREET #9B
CITY- ST- ZIP	NEW YORK, NY 10023

TITLE	D
NAME	MAHLER, ROBERTA K
STREET ADDRESS	1 WEST 64TH STREET #9B
CITY- ST- ZIP	NEW YORK, NY 10023

TITLE	D
NAME	BOWIE, ALISON
STREET ADDRESS	227 PINECREAST RD.
CITY- ST- ZIP	OAKHURST, NJ 07755

TITLE	D
NAME	DUCKLES, JOYCE F
STREET ADDRESS	4445 CLOVER ST.
CITY- ST- ZIP	HONEOYE FALLS, NY 14472

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 607, 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:** Robert G. Mahler Robert G. Mahler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04  
Date

212-595-8768  
Daytime Phone #