2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2023
Secretary of State
8725317009CC

DOCUMENT# 729393

Entity Name: LOWER MATECUMBE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

249 SUNSET DRIVE
ISLAMORADA, FL 33036

Current Mailing Address:

PO BOX 1497
ISLAMORADA, FL 33036 US

FEI Number: 23-7372956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSER, ROBERT
720 LUGO AVE
CORAL GABLES, FL 33156 US

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: ROBERT MOSER 02/16/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	LANGSTON, JOHN
Address	16530 ROBINSON RD
City-State-Zip:	SNOHOMISH WA 98296

Title	PRESIDENT
Name	MOSER, ROBERT
Address	720 LUGO AVE
City-State-Zip:	CORAL GABLES FL 33156

Title	DIRECTOR
Name	HANDWORK, THOMAS JR.
Address	25715 NORMANDY WEST
City-State-Zip:	PERRYSBURG OH 43551

Title	DIRECTOR
Name	MANNING, RICHARD
Address	2144 SW 114 AVENUE
City-State-Zip:	DAVIE FL 33325

Title	TREASURER
Name	LANGSTON, CATHERINE Y
Address	249 SUNSET DRIVE
City-State-Zip:	ISLAMORADA FL 33036

Title	DIRECTOR
Name	DELLO JOIO, JEANIE
Address	15470 TAKE OFF PLACE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	GARBER, PAUL
Address	262 SUNSET DR
City-State-Zip:	ISLAMORADA FL 33036

Title	DIRECTOR
Name	NASSAR, GEORGE
Address	PO BOX 21
City-State-Zip:	ISLAMORADA FL 33036

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I hereby 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 all other like empowered.

SIGNATURE: ROBERT MOSER PRESIDENT 02/16/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILSON, ALAN
Address	113 IROQUOIS DR
City-State-Zip:	ISLAMORADA FL 33036

Title	SECRETARY
Name	LANGSTON, CATHERINE Y
Address	249 SUNSET DR
City-State-Zip:	ISLAMORADA FL 33036