2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729393

Entity Name: LOWER MATECUMBE BEACH PROPERTY OWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

132 IROQUOIS DR 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:

OVERFIELD, RICHARD 116 PLANTATION SHORES DR TAVERNIER, FL 33070 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.

Address

PO BOX 1497

SIGNATURE:

Address

Electronic Signature of Registered Agent

Date

FILED Mar 10, 2014

Secretary of State

CC8248958465

Officer/Director Detail:

PO BOX 1497

Title VP Title T

Name LANGSTON, JOHN Name DUNCAN, GRETEL

City-State-Zip: ISLAMORADA FL 33036 City-State-Zip: ISLAMORADA FL 33036

 Title
 P
 Title
 DIRECTOR

 Name
 DUNCAN, ROBERT
 Name
 MYERS, JOHN

 Address
 PO BOX 1497
 Address
 PO BOX 1497

City-State-Zip: ISLAMORADA FL 33036 City-State-Zip: ISLAMORADA FL 33036

Title D Title D

Name KAPPES, JOHN Name HANDWORK, THOMAS JR.

Address PO BOX 1497 Address PO BOX 1497

City-State-Zip: ISLAMORADA FL 33036 City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR Title DIRECTOR

Name GARBER, PAUL Name MANNING, RICHARD

Address PO BOX 1497 Address PO BOX 1497

City-State-Zip: ISLAMORADA FL 33036 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: GRETEL DUNCAN

Electronic Signature of Signing Officer/Director Detail

T/S

03/10/2014

Officer/Director Detail Continued:

Title DIRECTOR

Name DOUGHERTY, BRAD

Address PO BOX 1497

City-State-Zip: ISLAMORADA FL 33036