

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21189

**Entity Name:** FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC .**Current Principal Place of Business:**84900 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036**Current Mailing Address:**P.O. BOX 236  
ISLAMORADA, FL 33036**FEI Number:** 65-0028954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIKLAS, JOE  
MILE MARKER 88.7  
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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR  
Name SYLVESTER, EILEEN  
Address 166 GULFVIEW DR.  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR/PRESIDENT  
Name SUNDERLAND, KAREN  
Address 165 CORAL RD.  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR/VICE PRESIDENT  
Name MITCHELL, PHYLLIS  
Address 82242 OVERSEAS HIGHWAY  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR/TREASURER  
Name HARING, SKIP  
Address 68300 OVERSEAS HWY  
City-State-Zip: LONG KEY FL 33001

Title DIRECTOR  
Name ALBURY, SHIRLEY FAYE  
Address PO BOX 232  
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR/SECRETARY  
Name YOUNG, MIMI  
Address 108 S HAMMOCK  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name DEBOLT, JUDY  
Address 149 SEVERINO DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name HANSON, DONA  
Address 107 IROQUIS DR  
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:** SKIP HARING**DIRECTOR/TREASURER****04/05/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	NEAL, BARBARA
Address	101 COLUMBUS DR
City-State-Zip:	ISLAMORADA FL 33036