2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
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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/VICE PRESIDENT
Name	MITCHELL, PHYLLIS
Address	82242 OVERSEAS HIGHWAY
City-State-Zip:	ISLAMORADA FL 33036

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

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

Title	DIRECTOR/PRESIDENT
Name	SUNDERLAND, KAREN
Address	165 CORAL RD.
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/SECRETARY
Name	YOUNG, MIMI
Address	108 S HAMMOCK
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 TREASURER 03/21/2017

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