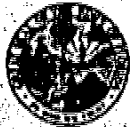


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718540** (8)
1. Corporation Name
KEY HAVEN CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/18/1970	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1968486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business PO BOX 5206 KEY WEST FL 33045		Mailing Address PO BOX 5206 KEY WEST FL 33045	
21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. City & State
25. Zip	26. Country	27. Zip	28. Country

9. Name and Address of Current Registered Agent
**DEHAVEN, H. ROBERT
407 CACTUS DR
KEY WEST FL 33040**

10. Name and Address of New Registered Agent
B1 Name **Lorraine H. Phelps**
B2 Street Address (P.O. Box Number is Not Acceptable)
32 Key Haven Road
B3
B4 City **Key West** FL B5 Zip Code **33040**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE **Lorraine H. Phelps TD** *Lorraine H. Phelps* DATE **2/21/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMON, JIM
STREET ADDRESS	21 KEY HAVEN TERRACE
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	NOLTE, WAYNE
STREET ADDRESS	28 AZALEA DR
CITY-ST-ZIP	KEY WEST FL
TITLE	PD
NAME	DE HAVEN, ROBERT
STREET ADDRESS	407 CACTUS DR
CITY-ST-ZIP	KEY WEST, FL 00000
TITLE	D
NAME	HAMILTON, HENRY
STREET ADDRESS	5 COCOANUT DRIVE
CITY-ST-ZIP	KEYWEST FL
TITLE	TD
NAME	PHELPS, LORRAINE
STREET ADDRESS	32 KEY HAVEN RD.
CITY-ST-ZIP	KEY WEST, FL 00000
TITLE	D
NAME	LEISY, ROBERT
STREET ADDRESS	12 COCONUT DRIVE
CITY-ST-ZIP	KEY HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5/D Daniel Hamilton
2.3 STREET ADDRESS	13 Birchwood Drive
2.4 CITY-ST-ZIP	Key West, Fla 33040
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Leonard Lucas
3.3 STREET ADDRESS	157 Key Haven Road
3.4 CITY-ST-ZIP	Key West, Fla 33040
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V/D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lorraine H. Phelps* **Lorraine H. Phelps** DATE **2/21/95** DAYTIME PHONE # **305-296-2112**