

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718540 (8)

1. Corporation Name

KEY HAVEN CIVIC ASSOCIATION, INC.



Principal Place of Business: PO BOX 5206 KEY WEST FL 33045
Mailing Address: PO BOX 5206 KEY WEST FL 33045

3. Date Incorporated or Qualified: 05/18/1970
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1968486
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PHELEPHS, LORRAINE H.
32 KEY HAVEN ROAD
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name: Phelps, Lorraine H.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0103, Florida Statutes.

SIGNATURE: *Jeanine H. Phelps* *Lorraine H. Phelps* DATE: 2/6/95

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, JIM	
STREET ADDRESS	21 KEY HAVEN TERRACE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMILTON, DANIEL	
STREET ADDRESS	13 BIRCHWOOD DRIVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCAS, LEONARD	
STREET ADDRESS	157 KEY HAVEN ROAD	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMILTON, HENRY	
STREET ADDRESS	5 COCOANUT DRIVE	
CITY-ST-ZIP	KEYWEST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHELPS, LORRAINE	
STREET ADDRESS	32 KEY HAVEN RD.	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 type="checkbox"/> Addition
6.2 NAME	
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 119.07(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: *Jeanine H. Phelps* *Lorraine H. Phelps* DATE: 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 305-296-2112

CR2E037 (12/95)