

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718540 (8)**

1. Corporation Name  
**KEY HAVEN CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>PO BOX 5206 KEY WEST FL 33045</b>	Mailing Address <b>PO BOX 5206 KEY WEST FL 33045-5206</b>
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3. Date Incorporated or Qualified <b>05/18/1970</b>	3a. Date of Last Report <b>02/12/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

4. FEI Number <b>59-1968486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PHELPS, LORRAINE H.  
32 KEY HAVEN ROAD  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

**81** Name  
**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 617.0502, Florida Statutes.

SIGNATURE *Lorraine H. Phelps* *Lorraine H. Phelps* **4/9/97**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SIMON, JIM</b>	
STREET ADDRESS <b>21 KEY HAVEN TERRACE</b>	
CITY-ST-ZIP <b>KEY WEST FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>HAMILTON, DANIEL</b>	
STREET ADDRESS <b>13 BIRCHWOOD DRIVE</b>	
CITY-ST-ZIP <b>KEY WEST FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LUCAS, LEONARD</b>	
STREET ADDRESS <b>157 KEY HAVEN ROAD</b>	
CITY-ST-ZIP <b>KEY WEST, FL 00000</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>HAMILTON, HENRY</b>	
STREET ADDRESS <b>5 COCONUT DRIVE</b>	
CITY-ST-ZIP <b>KEYWEST FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>PHELPS, LORRAINE</b>	
STREET ADDRESS <b>32 KEY HAVEN RD.</b>	
CITY-ST-ZIP <b>KEY WEST, FL 00000</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>LEISY, ROBERT</b>	
STREET ADDRESS <b>12 COCONUT DRIVE</b>	
CITY-ST-ZIP <b>KEY HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Simon, Jim</b>	
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 <b>Sheron Cook</b>	
3.3 STREET ADDRESS <b>25 Evergreen</b>	
3.4 CITY-ST-ZIP <b>Key West, Fla 33040</b>	
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 <b>ATD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Leisy Robert</b>	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4/9/97** **33040-2117**

CR2E037 (9/96)