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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 720694 (9)

1. Corporation Name  
KEY LARGO CIVIC CLUB, INC.



Principal Place of Business  
209 OCEAN BAY DR  
KEY LARGO FL 33037  
US

Mailing Address  
P O BOX 1379  
KEY LARGO FL 33037-1379  
US

3. Date Incorporated or Qualified 04/12/1971  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business  
21 as above  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26 as above  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29

4. FEI Number 65-0105848  
Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHER, MARY E  
231 LANCE LANE  
KEY LARGO FL 33037

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 617.0503, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHER, MARY E.	1.2 NAME	Mather, Mary E.
STREET ADDRESS	231 LANCE LANE	1.3 STREET ADDRESS	231 Lance Lane
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOYCE	2.2 NAME	
STREET ADDRESS	169 OCEAN SHORES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINKE, MARGE	3.2 NAME	
STREET ADDRESS	15 BONEFISH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, ERNEST	4.2 NAME	Decker, Ernest
STREET ADDRESS	331 RYAN AVE.	4.3 STREET ADDRESS	331 Ryan Ave.
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	RS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, THELMA	5.2 NAME	
STREET ADDRESS	412 S COCONUT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIA FL	5.4 CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	CS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINDLE, DOROTHY	6.2 NAME	Nash, Frank
STREET ADDRESS	219 S. HARBOR DRIVE	6.3 STREET ADDRESS	94220 U.S. Hwy. 1
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	Tavernier, FL 33070

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: *Mary Mather* Mary Mather 2/5/97 451-3297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024363

CR2E037 (9/96)