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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1378 KEY LARGO FL 33037 US
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3. Date Incorporated or Qualified 04/12/1971	
4. FEI Number 65-0105848	Applied For <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Zip	30. Country

9. Name and Address of Current Registered Agent

**MATHER, MARY E
231 LANCE LANE
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHER, MARY E.	
STREET ADDRESS	231 LANCE LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRIS, JOYCE	
STREET ADDRESS	169 OCEAN SHORES DR	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SINKE, MARGE	
STREET ADDRESS	15 BONEFISH AVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DECKER, ERNEST	
STREET ADDRESS	331 RYAN AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	PAGE, THELMA	
STREET ADDRESS	412 S COCONUT DR	
CITY-ST-ZIP	TAVERNIA FL	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	NASH, FRANK	
STREET ADDRESS	94220 U.S. HWY 1	
CITY-ST-ZIP	TAVERNIER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATHER, MARY E	
1.3 STREET ADDRESS	231 LANCE LANE	
1.4 CITY-ST-ZIP	KEY LARGO FL 33070	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRIS, JOYCE	
2.3 STREET ADDRESS	169 OCEAN SHORES DR.	
2.4 CITY-ST-ZIP	KEY LARGO FL 33070	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DERMOTT, CHRIS	
3.3 STREET ADDRESS	21 MANGROVE LANE	
3.4 CITY-ST-ZIP	KEY LARGO FL 33087	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DECKER, ERNEST	
4.3 STREET ADDRESS	331 RYAN AVE.	
4.4 CITY-ST-ZIP	KEY LARGO FL 33070	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAGE, THELMA	
5.3 STREET ADDRESS	127 PUEBLO	
5.4 CITY-ST-ZIP	TAVERNIER FL 33037	
6.1 TITLE	15th CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHRIS DERMOTT, T	
6.3 STREET ADDRESS	21 MANGROVE LANE	
6.4 CITY-ST-ZIP	KEY LARGO FL 33037	

14. I 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: *Joyce Harris* 1/30/98 305/461-4526

CFR2037 (10/97)