FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721015 (6)

1. Corporation Name
KEY COLONY BEACH COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 WEST OCEAN DRIVE P.O. BOX 510089 KEY COLONY BEACH FL 33051-0089	600 WEST OCEAN DRIVE P. O. BOX 510089 KEY COLONY BEACH FL 33057-0089 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1971
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2796982 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
MAGZAMER, JUDY 2001 OVERSEAS HIGHWAY MARATHON FL 33050	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	YOLTON, BETTY	1.2 NAME		
STREET ADDRESS	540 12TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BCH. FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	RUPCICH, JOHN	2.2 NAME		
STREET ADDRESS	61 7TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BCH FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SHELDON, JOHN	3.2 NAME		
STREET ADDRESS	601 12TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, JOHN	4.2 NAME		
STREET ADDRESS	680 12TH STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	treasurer	☐ Change ☒ Addition
NAME		5.2 NAME	R. D. Schneider	
STREET ADDRESS		5.3 STREET ADDRESS	860 12th St Box 510368	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Key Colony Beach FL 33051-0368	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 R D Schneider R D Schneider 1-25-95 305-743-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number