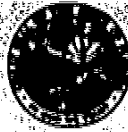


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$0.75 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | SD                       |
| NAME            | YOLTON, BETTY            |
| STREET ADDRESS  | 540 12TH ST.             |
| CITY - ST - ZIP | KEY COLONY BCH. FL       |
| TITLE           | VD                       |
| NAME            | RUPKICH, JOHN            |
| STREET ADDRESS  | 61 7TH ST.               |
| CITY - ST - ZIP | KEY COLONY BCH FL        |
| TITLE           | TD                       |
| NAME            | SHELDON, JOHN            |
| STREET ADDRESS  | 601 12TH STREET          |
| CITY - ST - ZIP | KEY COLONY BCH, FL 00000 |
| TITLE           | PD                       |
| NAME            | SHERMAN, JOHN            |
| STREET ADDRESS  | 680 12TH STREET          |
| CITY - ST - ZIP | KEY COLONY BEACH FL      |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

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 checked="" type="checkbox"/> Addition |
| 5.2 NAME            | treasurer                                                                    |
| 5.3 STREET ADDRESS  | R. D. Schneider                                                              |
| 5.4 CITY - ST - ZIP | 860 12th St Box 510368<br>Key Colony Beach FL 33051-0268                     |
| 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 110.07(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

R. D. Schneider R. D. Schneider

1-23-95

743-0436