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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1071/4 ABBID 1188/ 1181/ ABBID 1188/ ABBID 1181/ ABBID 1181/ ABBID 1181/ ABBID 1181/ ABBID 1181/ ABBID 1181/

1996

SIGNATURE!

DOCUMENT #

1. Corporation Name

721015

(6)

KEY COLONY BEACH COMMUNITY ASSOCIATION, INC.

							!					
Principal Place of Business Mailing Address												
600 WEST OC		600 WEST O										
P.O. BOX 510 KEY COLONY	089 BEACH FL 33051-0089		P. O. BOX 510089 KEY COLONY BEACH FL 33057-0089									
KET GOLOM	DENOTT E 33007 GGC	US	DENONTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3. Date Incorporated or Qual 05/24/1971	fied		of Last F 4/06/19		
2. Principal Pla	ace of Business	2a. Mailing Add	dress				4. FEI Number 59-2796982				pplied For	
21		26					39-2180302				lot Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desire	i d		+	Additional Regulred	
City & State		City & Stat	e				Election Campaign Finance	ino			May Be	
23		28					Trust Fund Contribution	שיי			to Fees	
Zip Country		Zip		Country			8. This corporation has liabilit	ty for In	tangible tax	under s.	199.032,	
24	25	29	3	10			Florida Statutes			No.		
	9. Name and Address of Curre	nt Registered Agen	nt		<u> </u>		10. Name and Address of N	ew Re	gist er èd A	gent		
				8	i	Name						
	1ER, JUDY			B.	2	Street Addre	ess (P.O. Box Number is Not Acc	eptable	i)	-		
	ERSEAS HIGHWAY			8								
MARATH	ON FL 33050			*	3							
				8	4	City			FI	85 Zip	Code	
11 Duramant	to the provisions of Sections 617.050	2 and 617 1508 Flor	ida Statutes	the above	a-na	med corpora	ation submits this statement for the	ne bumo	ose of char	naina its re	edistered office	
or register	ed agent, or both, in the State of Flor	rida. Such change wa	as authorized	by the co	rpor	ation's board	d of directors. I hereby accept the	appoi	ntment as r	egistered	agent. I am	
	th, and accept the obligations of, Sec	otion 617.0003, Fiono	a Statutes									
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE:	Registered Ag	a Inag	ignature required	when reinstating)		DATE			
12.	OFFICERS AT	ND DIRECTORS		13.			ADDITIONS/CHANGES TO) OFFIC	ERS AND	DIRECTO		
TITLE	SD	\ \	ELETE	1.1 TITLE	E	V	Palallani D] Change	Addition	
NAME	YOLTON, BETTY	^		1.2 NAM	1E	'	YOUTON, Y	ΨY	~,		•	
STREET ADDRESS	540 12TH ST.			1.3 STRE	EET AI	DDRESS .	240 120	٦ ١	TI,	~	2001	
CITY-ST-ZIP	KEY COLONY BCH. FL			1.4 CITY		ZIP .	ry COLONY I	4	\ <u>+</u>	<u>ئىڭ د</u>	(<u>0</u> 2)	
TATLE	VD		ELETE	2 1 TITLE			-(· L	_I Change	M ADDITION	
NAME	RUPCICH, JOHN			2.2 NAM								
STREET ADDRESS	61 7TH ST.			2.3 STRE								
CITY-ST-ZIP	KEY COLONY BCH FL		DELETE	2.4 City 3.1 TiTLE		-ZIP			Г	Change	Addition	
TITLE	td Sheldon, John	ш	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.2 NAM						J	_	
NAME STREET ADDRESS	601 12TH STREET			3.3 STRE		nnress						
CITY-S1-ZIP	KEY COLONY BCH, FL 000	00		3.4. CITY		1						
TITLE	PD PD		DELETE	4.1 TiTLI		-				Change	Addition	
NAME	SHERMAN, JOHN	_		4. 2 NAN	ME							
STREET ADDRESS	680 12TH STREET			4.3 STRE	EET A	DDRESS						
CITY-ST-ZIP	KEY COLONY BEACH FL			4.4 CITY	/-ST-	ZIP						
TITLE	Ť		ELETE	5.1 TITU	.E					Change	Addition	
NAME	SCHNEIDER, R.D.			5.2 NAM	Æ							
STREET ADDRESS	860 12 ST, BOX 510268			5.3 STRE	EET A	DORESS						
CITY-ST-ZIP	KEY COLONY BEACH FL			5.4 CITY		ZIP				70	- AADO	
TITLE			DELETE	61 TITL					L] Change	Addition	
NAME				6.2 NAM		ļ						
STREET ADDRESS						DDRESS						
CITY-ST-ZIP	by certify that the information supplied	of ridate africa africa a to to 1	manuffer 6	6.4 CITY	Y-\$1-	ZIP	or the everyntion stated in Castio	n 1107	17/3\/\/\ El~	ida Statur	es I further	
a antifu tha	t the information indicated on this an	autal report or europlei	montal annual	renortis	THE	ERNO ACCURA	ia and that my signature shall na	ve ine s	same lega: e	eneclas n	made under	
oath; that appears in	I am an officer or director of the corp n Block 12 or Block 13 if changed, o	poration or the receive r on an attachment w	er or trustee € ≀ith an addres	empow ere s.	sa to	execute this	s report as required by Unapter t	117, FIO	nua statute	30.5°	aciny name	
		^								VV	, —	

SIGNING OFFICER OR DIRECTOR