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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721015

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/24/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2796982 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAGZAMER, JUDY
2001 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

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 _____ 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	V	☒ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	YOLTON, GUY		1.2 NAME	Roger Wood	
STREET ADDRESS	540 12TH ST		1.3 STREET ADDRESS	641 9th St	
CITY-ST-ZIP	KEY COLONY BCH FL		1.4 CITY-ST-ZIP	Key Colony Bch FL 33051	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	RUPCICH, JOHN		2.2 NAME	Seneca DeGraw	
STREET ADDRESS	61 7TH ST.		2.3 STREET ADDRESS	270 11th St	
CITY-ST-ZIP	KEY COLONY BCH FL		2.4 CITY-ST-ZIP	Key Colony Bch FL 33051	
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SHELDON, JOHN		3.2 NAME	Darlene Mistor	
STREET ADDRESS	601 12TH STREET		3.3 STREET ADDRESS	541 11th St	
CITY-ST-ZIP	KEY COLONY BCH, FL 00000		3.4. CITY-ST-ZIP	Key Colony Bch FL 33051	
TITLE	PD	☒ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	SHERMAN, JOHN		4. 2 NAME	Jack Genader	
STREET ADDRESS	680 12TH STREET		4.3 STREET ADDRESS	721 11th St	
CITY-ST-ZIP	KEY COLONY BEACH FL		4.4 CITY-ST-ZIP	Key Colony Bch FL 33057	
TITLE	T	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	SCHNEIDER, R.D.		5.2 NAME	Pete Johnson	
STREET ADDRESS	860 12 ST, BOX 510268		5.3 STREET ADDRESS	240 8th ST	
CITY-ST-ZIP	KEY COLONY BEACH FL		5.4 CITY-ST-ZIP	Key Colony Bch FL 33057	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: R.D. Schneider SIGNATURE REQUIRED R.D. Schneider 1-30-99 305 743-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #