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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:51

DOCUMENT # 727696 (7)

1. Corporation Name
PORT LARGO RESIDENTIAL PROPERTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
BOX 979 KEY LARGO FL 33037 US	BOX 979 KEY LARGO FL 33037 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1973
3a. Date of Last Report: 03/21/1994
4. FEI Number: 23-7363383 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

GUERNICA, CRISTINA
264 ST. THOMAS AVENUE
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 **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	11 TITLE	SD	☒ Change ☐ Addition
NAME	CUNNINGHAM, SUE	12 NAME	Marlen Weeks	
STREET ADDRESS	475 BAHIA AVE	13 STREET ADDRESS	20 Atlantic Blvd.	
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	SIMMONS, FRANCES	22 NAME	Hyatt Hodgdon	
STREET ADDRESS	183 BAHAMA	23 STREET ADDRESS	467 Bahia Ave.	
CITY-ST-ZIP	KEY LARGO, FL 00000	24 CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	GUERNICA, CHRISTINA	32 NAME		
STREET ADDRESS	264 ST. THOMAS AVE	33 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 00000	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE	VPD	☒ Change ☐ Addition
NAME	SCHACHTER, BILL	42 NAME	Murray Nelson	
STREET ADDRESS	308 ATLANTIC BLVD	43 STREET ADDRESS	374 Bahia Ave.	
CITY-ST-ZIP	KEY LARGO FL	44 CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Cristina Guernica 4/3/95 305-451-2226
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Daytime Phone #)