


FILE NOW: FILING FEE IS \$61.25

FILED

**May 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 733830
 1. Corporation Name
MARATHON AND LOWER KEYS ASSOCIATION OF REALTORS, INC.

Principal Place of Business 5800 Overseas Highway #15 Marathon, FL 33050	Mailing Address 5800 Overseas Highway #15 Marathon, FL 33050
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

3. Date Incorporated or Qualified
09/16/1975

4. FEI Number 59-2043579	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**Hill, Patricia M.
1902 Yellowtail Dr.
Marathon, FL 33050**

10. Name and Address of New Registered Agent

81 Name
Goodwin, Lynn O.

82 (Box Number is Not Acceptable)
180 10th Street

83 **Key Colony Beach, FL 33051**

84 City **Key Colony Beach** FL 85 Zip Code **33051**

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: *Lynn O. Goodwin* DATE: **4/17/98**

(NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	President Goodwin, Lynn O.	<input type="checkbox"/> DELETE
NAME	180 10th Street	
STREET ADDRESS		
CITY-ST-ZIP	Key Colony Beach, FL 33051	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kluck, Robin C.	
STREET ADDRESS	Rt 1, Box 153-C	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	Rodgers, Barbara	
STREET ADDRESS	245 Blackbeard Rd.	
CITY-ST-ZIP	Summerland Key, FL 33042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Hill, Patricia M.	
STREET ADDRESS	1902 Yellowtail Drive	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Haack, Karen	
STREET ADDRESS	Sunset Road	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Wilkinson, William S.	
STREET ADDRESS	4680 Overseas Highway	
CITY-ST-ZIP	Marathon, FL 33050	

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 type="checkbox"/> Addition
5.2 NAME	600002540066
5.3 STREET ADDRESS	-05/29/98--01004--024
5.4 CITY-ST-ZIP	***61.25
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Lynn O. Goodwin* DATE: **4/17/98** 305-743-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (10/97)