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**FILED**

**May 01 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736616 (4)**  
1. Corporation Name  
**STIRRUP KEY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**121 WINDY POINT CIR.  
MARATHON FL 33050  
US** **121 WINDY POINT CIR.  
MARATHON FL 33050-2826  
US**

3. Date Incorporated or Qualified **08/18/1976** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2502836</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 City & State	28 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**MILLS, WILLIAM T.  
347 STIRRUP KEY BLVD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STYER, TOM	
STREET ADDRESS	124 PIRATES COVE DR	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOE, GLEN	
STREET ADDRESS	318 STIRRUP KEY BLVD.	
CITY-ST-ZIP	MARATHON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNSTANE, VERNE	
STREET ADDRESS	105 PIRATES COVE DR	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREH, HENRY	
STREET ADDRESS	108 SUNSET DR.	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHINN, GERALD	
STREET ADDRESS	268 STIRRUP KEY BLVD	
CITY-ST-ZIP	MARATHON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TEMPLE, JOAN	
STREET ADDRESS	121 WINDY POINT CIRCLE	
CITY-ST-ZIP	MARATHON FL	

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Joan Temple* **4/22/97** **(305) 743-5739**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024788

CR2E037 (9/96)

**Stirrup Key Homeowners Association  
59-2502836**

P/D

Shinn, Gerald  
368 Stirrup Key Blvd.  
Marathon, FL 33050

VP/D

Boe, Glen  
318 Stirrup Key Blvd.  
Marathon, FL 33050

ST/D

Temple, Joan  
121 Windy Point Circle  
Marathon, FL 33050

D

Styer, Tom  
124 Pirates Cove Drive  
Marathon, FL 33050

D

Lombard, Mary  
364 Stirrup Key Blvd.  
Marathon, FL 33050

D

Smale, Phyllis  
107 Sunset Drive  
Marathon, FL 33050

D

Zarnoti, Magda  
366 Stirrup Key Blvd.  
Marathon, FL 33050

D

Mills, William  
347 Stirrup Key Blvd.  
Marathon, FL 33050

D

Schindler, Gail  
373 Stirrup Key Blvd.  
Marathon, FL 33050