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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 736616

1. Corporation Name  
**STIRRUP KEY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: 121 WINDY POINT CIR. MARATHON FL 33050 US  
 Mailing Address: 121 WINDY POINT CIR. MARATHON FL 33050 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/18/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2502836	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLS, WILLIAM T. 347 STIRRUP KEY BLVD MARATHON FL 33050				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHINN, GERALD			1.2 NAME	CHRISTENSEN, W. R.		
STREET ADDRESS	368 STIRRUP KEY BLVD			1.3 STREET ADDRESS	311 STIRRUP KEY BLVD.		
CITY-ST-ZIP	MARATHON FL			1.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOE, GLEN			2.2 NAME	KREH, HENRY		
STREET ADDRESS	318 STIRRUP KEY BLVD			2.3 STREET ADDRESS	108 SUNSET DRIVE		
CITY-ST-ZIP	MARATHON FL			2.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	PID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TEMPLE, JOAN			3.2 NAME	MILLS WILLIAM T		
STREET ADDRESS	121 WINDY POINT CIRCLE			3.3 STREET ADDRESS	347 STIRRUP KEY BLVD		
CITY-ST-ZIP	MARATHON FL			3.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STYER, TOM			4.2 NAME	O'CONNOR, DR. JOHN		
STREET ADDRESS	124 PIRATES COVE DRIVE			4.3 STREET ADDRESS	369 STIRRUP KEY BLVD		
CITY-ST-ZIP	MARATHON FL			4.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOMBARD, MARY			5.2 NAME	SCAINDLER, MARV		
STREET ADDRESS	364 STIRRUP KEY BLVD			5.3 STREET ADDRESS	375 STIRRUP KEY BLVD		
CITY-ST-ZIP	MARATHON FL			5.4 CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMALE, PHYLLIS			6.2 NAME			
STREET ADDRESS	107 SUNSET DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL			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)(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: Joan Temple DATE: 2/3/99 (305) 743-5729

CR2E037 (11/98)