

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740665 (5)
1. Corporation Name

GULF KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **540 NEPTUNE AVE., #1 LONGBOAT KEY FL 34228**
Mailing Address: **540 NEPTUNE AVE., #1 LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified: **10/31/1977**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business: **21 540 NEPTUNE AVE.**
2a. Mailing Address: **26 540 NEPTUNE AVE. #6**

4. FEI Number: **59-1764848**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22 #6**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 LONGBOAT KEY, FL**
City & State: **28 LONGBOAT KEY, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 34228** Country: **25 USA**
Zip: **29 34228** Country: **30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MACINNES, KAREN
540 NEPTUNE AVE., #1
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VZELL, RAYMOND	
STREET ADDRESS	316 CHANNEL LANE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAC INNES, KAREN	
STREET ADDRESS	540 NEPTUNE AVE. #1	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARCONI, CAROL	
STREET ADDRESS	540 NEPTUNE AV #6	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, BETTY	
STREET ADDRESS	540 NEPTUNE AV #5	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	UZELL, RAYMOND	
1.3 STREET ADDRESS	316 CHANNEL LANE	
1.4 CITY-ST-ZIP	NOKOMIS, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET PIVARNIK	
2.3 STREET ADDRESS	4483 ASCOT CIRCLE SOUTH	
2.4 CITY-ST-ZIP	SARASOTA, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAREN MACINNES	
3.3 STREET ADDRESS	540 NEPTUNE AVE. #1	
3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL MARCONI	
4.3 STREET ADDRESS	540 NEPTUNE AVE., #6	
4.4 CITY-ST-ZIP	LONGBOAT KEY, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen L. MacInnes Date: 2/9/96 Daytime Phone #: 941-383-9603

CR2E037 (12/95)