


FILE NOW: FILING FEE IS \$61.25

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Apr 11 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 # 740665 (5)
1. Corporation Name
GULF KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 540 NEPTUNE AVE., #1 STE 6 LONGBOAT KEY FL 34228 US
Mailing Address: 540 NEPTUNE AVE., #1 STE 6 LONGBOAT KEY FL 34226-2824 US

3. Date Incorporated or Qualified: 10/31/1977
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-1764848
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
MACINNES, KAREN
540 NEPTUNE AVE., #1
LONGBOAT KEY FL 34228

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	PD	<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 checked="" type="checkbox"/> DELETE
NAME	MARCONI, CAROL	
STREET ADDRESS	540 NEPTUNE AV #6	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARCONI, CAROL	
STREET ADDRESS	540 NEPTUNE AVE 6	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANET PIVARNIK
3.3 STREET ADDRESS	540 NEPTUNE # 3
3.4 CITY-ST-ZIP	Longboat Key FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
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	800002141138
6.3 STREET ADDRESS	-04/11/97--01124--002
6.4 CITY-ST-ZIP	***61.25

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: Carol A. Marconi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CAROL A. MARCONI
Date: 3/10/97
941-383-4027

CR2E037 (9/96)