

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

90 MAY -1 AM 9:30

DOCUMENT # 748350 (6)

1. Corporation Name  
**KEY MANOR CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% RESOURCE PROPERTY MGMT.  
1001 EAST BAY DR. SUITE 4  
LARGO FL 34644**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/03/1979</b>	3a. Date of Last Report <b>06/02/1994</b>
4. FEI Number <b>59-2021280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>114 Pinellas Bayway</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>114 Pinellas Bayway</b>
City & State 22 <b>TERRA VERDE, FL.</b>	City & State 27 <b>TERRA VERDE, FL.</b>
Zip 24 <b>33715</b>	Country 25 <b>Pinellas</b>
Zip 29 <b>33715</b>	Country 30 <b>Pinellas</b>

9. Name and Address of Current Registered Agent  
**RESOURCE PROPERTY MGMT  
1001 EAST BAY DR.  
SUITE 4  
LARGO FL 34644**

10. Name and Address of New Registered Agent  
81 Name  
**Dorothy Thomas**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Resource Property Management**  
83  
**114 Pinellas Bayway**  
84 City  
**TERRA VERDE FL** 85 Zip Code  
**33715**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Dorothy Thomas*  
Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 11 <b>TD</b>	NAME 12 <b>MCCANLESS, WALT</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13 <b>3123 29TH AVE N #207</b>	CITY, ST, ZIP 14 <b>ST. PETERSBURG FL</b>	12 NAME	
TITLE 15 <b>BD</b>	NAME 16 <b>SANCHEZ, MARTIN</b>	13 STREET ADDRESS	
STREET ADDRESS 17 <b>3140 30TH AVE N.</b>	CITY, ST, ZIP 18 <b>ST. PETERSBURG FL</b>	14 CITY, ST, ZIP	
TITLE 19 <b>PD</b>	NAME 20 <b>DAVIS, BARBARA</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 21 <b>3143 28TH AVE N</b>	CITY, ST, ZIP 22 <b>ST. PETERSBURG FL</b>	22 NAME	
TITLE 23 <b>SD</b>	NAME 24 <b>HERRON, LOIS</b>	23 STREET ADDRESS	
STREET ADDRESS 25 <b>3101 56TH ST N</b>	CITY, ST, ZIP 26 <b>ST. PETERSBURG FL</b>	24 CITY, ST, ZIP	
TITLE 27 <b>BD</b>	NAME 28 <b>HOLLINGER, RUTH</b>	25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 29 <b>3121 28TH AVE N</b>	CITY, ST, ZIP 30 <b>ST. PETERSBURG FL</b>	26 NAME	
TITLE 31 <b>TD</b>	NAME 32 <b>GAULE, BARBARA</b>	27 STREET ADDRESS	
STREET ADDRESS 33 <b>3123 29TH AVE N #101</b>	CITY, ST, ZIP 34 <b>ST. PETERSBURG FL 33715</b>	28 CITY, ST, ZIP	
CITY, ST, ZIP		29 CITY, ST, ZIP	
		30 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)(k), 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 157, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walt McCannless*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-27-95  
Date