FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 748350   (6)

1. Corporation Name

KEY MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RESOURCE PROPERTY MGMT. 114 PINELLAS BAYWAY TIERRA VERDE FL 33715 US	% RESOURCE PROPERTY MGMT. 114 PINELLAS BAYWAY TIERRA VERDE FL 33715-1700 US

	3. Date Incorporated or Qualified 08/03/1979	3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2021280	Applied For / Not Applicable
21 RESOURCE PROPERTY MGMT	26 RESOURCE PROPERT MGMT		
Suite, Apt. #, etc. 22 118 PINELLAS BAYWAY	Suite, Apt. #, etc. 27 118 PINELLAS BAYWAY	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 TIERRA VERDE FL	City & State 28 TIERRA VERDE FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33715 Country 25 US	Zip 29 33715 30 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREDA, ALBERTO 114 PINELLAS BAYWAY 114 PINELLAS BAYWAY TIERRA VERDE FL 33715	B1 Name RESOURCE PROPERTY MGMT. B2 Street Address (P.O. Box Number is Not Acceptable) B3 118 PINELLAS BAYWAY B4 City TIERRA VERDE FL B5 Zip Code 33715

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 _Alberto Freda_ ALBERTO FREDA   4/17/97

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MCCANLESS, WALT**		1.2 NAME	
STREET ADDRESS **3123 29TH AVE N. #207**		1.3 STREET ADDRESS	
CITY-ST-ZIP **ST. PETERSBURG FL**		1.4 CITY-ST-ZIP	
TITLE **P**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **HOLLINGER, RUTH**		2.2 NAME	
STREET ADDRESS **3121 28TH AVE N #105**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ST. PETERSBURG FL**		2.4 CITY-ST-ZIP	
TITLE **SD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **HERRON, LOIS**		3.2 NAME	
STREET ADDRESS **3101 56TH ST N**		3.3 STREET ADDRESS	
CITY-ST-ZIP **ST. PETERSBURG FL**		3.4 CITY-ST-ZIP	
TITLE **TD**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **GAYLE BARNES**		4.2 NAME	
STREET ADDRESS **3120 29TH AVE N. #101**		4.3 STREET ADDRESS	
CITY-ST-ZIP **ST PETE FL**		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: _Walt McCanless_ WALT MCCANLESS 4/18/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0061171