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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 748350

1. Corporation Name

KEY MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% RESOURCE PROPERTY MGMT.
 118 PINELLAS BAYWAY
 TIERRA VERDE, FL 33715
 US

Mailing Address

% RESOURCE PROPERTY MGMT.
 118 PINELLAS BAYWAY
 TIERRA VERDE FL 33715
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State
St. Petersburg FL

24 Zip Country
 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.
**c/o Resource Property Mgmt
 6025 Sun Blvd Suite 202**

28 City & State
St. Petersburg FL

29 Zip Country
 30 **33715 USA**

3. Date Incorporated or Qualified

08/03/1979

4. FEI Number

59-2021280

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**FREDA ALBERTO
 RESOURCE PROPERTY MANAGEMENT
 118 PINELLAS BAYWAY
 TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent

81 Name **Christine Wayda**
 82 Street Address (P.O. Box Numbers Not Acceptable)
Resource Property Management
 83 **6025 Sun Blvd Suite 202**
 84 City **St. Petersburg** 85 Zip Code **FL 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 **Christine Wayda LCAm** **Christine Wayda** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCANLESS, WALT	
STREET ADDRESS	3123 29TH AVE N. #207	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLLINGER, RUTH	
STREET ADDRESS	3121 28TH AVE N #105	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERRON, LOIS	
STREET ADDRESS	3101 56TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAYLE BARNES	
STREET ADDRESS	3120 29TH AVE N. #101	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARNER, DORIS	
STREET ADDRESS	3148-30TH AVE NO. #103	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: **Walt M. McCanless** **WALT M. McCANLESS**
SIGNATURE REQUIRED

CR2E037 (11/98)