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 # 762871 (2)

1. Corporation Name

COON KEY PASS FISHING VILLAGE CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
611 PALM AVE.EAST P.O.BOX 786 GOODLAND FL 33933-9998	611 PALM AVE.EAST P.O.BOX 786 GOODLAND FL 33933-9998

3. Date Incorporated or Qualified: 04/14/1982
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2524676 ☐ 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

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

9. Name and Address of Current Registered Agent

INGRAM, L.N., III, ATTORNEY AT LAW
900 SIXTH AVE.,S.
SUITE 302, 900 HUNDRED BLDG.
NAPLES FL 33940

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 _____ (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAFE, PHILIP 611 E PALM AVE, PO BOX 727 GOODLAND FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	ANNA MAY CHAFE T ~~611 E PALM~~ NA P.O. BOX 727 GOODLAND, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, ANNA 8340 HARWOOD CIR. ANCHORAGE AK	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SCOTT, THOMAS D 8340 HARWOOD CIR. ANCHORAGE AK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIMRICH, WALTER J 611 E PALM AVENUE, P.O. BOX 545 GOODLAND FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	WALKER, BEATRICE D P.O. BOX 633 ~~60 EAST SHORE RD~~ N.A. MARLBOROUGH, NH	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DAVID 528 MEADOW LANE VERSAILLES KY	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	00000190448B -07/25/96--01055--039 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, MICHAEL 45 THE DOWNS ALTRINCHAM EN	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	COOPER MICHAEL D RIBBLE HOUSE BANK HALL CA. HALE, CHESHIRE EN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOPER, CHRISTINE 45 THE DOWNS ALTRINCHAM EN	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	COOPER, CHRISTINE S RIBBLE HOUSE BANK HALL CA. HALE, CHESHIRE EN	☒ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip S. Chafe (PHILIP S. CHAFE) Pres. Res. 4/1/96 941 642 1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #