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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34140-0786

3. Date Incorporated or Qualified: **04/14/1982**
3a. Date of Last Report: **07/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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	PD	☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CHAFE, PHILIP		1.2 NAME	WALTER HEIMRICH
STREET ADDRESS	611 E PALM AVE, PO BOX 727		1.3 STREET ADDRESS	611 E PALM, P.O. BOX 127
CITY-ST-ZIP	GOODLAND FL		1.4 CITY-ST-ZIP	GOODLAND, FL. 34140
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, SCOTT		2.2 NAME	
STREET ADDRESS	8340 HARWOOD CIR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAFE, ANNA M		3.2 NAME	
STREET ADDRESS	PO BOX 727 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DAVID		4.2 NAME	
STREET ADDRESS	528 MEADOW LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	VERSAILLES KY		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, MICHEL		5.2 NAME	
STREET ADDRESS	RIBBLE HOUSE BANK HALL LA.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HALE, CHESIRE EN		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, CHRISTINE		6.2 NAME	
STREET ADDRESS	RIBBLE HOUSE BANK HALL LA.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HALE, CHESIRE EN		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [illegible] **REQUIRED** 3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060749