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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N04256 (6)

1. Corporation Name

BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12734 KENWOOD LANE #30
STE 32
FT. MYERS FL. 33907
US

Mailing Address

12734 KENWOOD LANE #30
STE 32
FT. MYERS FL. 33907-5639
US

2. Principal Place of Business

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

2a. Mailing Address

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

3. Date Incorporated or Qualified
07/18/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2516411

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

24. 9. Name and Address of Current Registered Agent

MICHAEL FLEMING & ASSOCIATES INC.
12734 KENWOOD LN
STE 32
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name Stilphen, Peter
82 Street Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 City Fort Myers, FL 33907
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

Peter Stilphen
Signature, typed or printed name of registered agent and title if applicable

PETER STILPHEN

1/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAKOS, NICHOLAS	
STREET ADDRESS	816 SW 48 TERR #201C	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MERRILL SYLVIA	
STREET ADDRESS	5441 BLUE CRAB CIR.	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, CHARLES	
STREET ADDRESS	5231 BLUE CRAB CIR	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WICKHAM JANET	
STREET ADDRESS	5481 BLUE CRAB CIR	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STIDWELL, JAMES	
STREET ADDRESS	5301 BLUE CRAB CIR	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLEMING MICHAEL	
STREET ADDRESS	12734-32 KENWOOD LN	
CITY - ST - ZIP	FT MYERS FL	

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	Schulte, Don
2.3 STREET ADDRESS	5943 EASTERLING LANE
2.4 CITY - ST - ZIP	BOKEELIA, FL 33922
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bill Keller
3.3 STREET ADDRESS	5411 BLUE CRAB CIRCLE PE
3.4 CITY - ST - ZIP	BOKEELIA, FL 33922
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SPT
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24

CR2E037 (9/96)