


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL. 33907 US			Mailing Address C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL. 33907 US		



c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL. 33908 US

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3. Date Incorporated or Qualified 07/18/1984	
4. FEI Number 59-2516411	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24	25	29	30
9. Name and Address of Current Registered Agent			
STILPHEN, PETER MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907			
81	Name Stilphen, Peter		
82	Street Address Marquis Management, Inc. 9400 Gladiolus Drive #100		
83	City Fort Myers, FL 33908 US		
84	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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKOS, NICHOLAS	1.2 NAME	
STREET ADDRESS	816 SW 48 TERR #201C	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, DON	2.2 NAME	
STREET ADDRESS	5943 EASTERLING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BILL	3.2 NAME	
STREET ADDRESS	5411 BLUE CRAB CIR., P2	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WICKHAM JANET	4.2 NAME	
STREET ADDRESS	5461 BLUE CRAB CIR	4.3 STREET ADDRESS	DT EARL GOLDSWORTHY 5461 BLUE CRAB, CIR S-3 BOKEELIA, FL 33922
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODWELL, JAMES	5.2 NAME	
STREET ADDRESS	5301 BLUE CRAB CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	
TITLE	SDT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING MICHAEL	6.2 NAME	
STREET ADDRESS	12734-32 KENWOOD LN	6.3 STREET ADDRESS	DS MICHAEL FLEMING 9400 GLADIOLUS DR #100 FT. MYERS, FL 33908
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

James Stodwell Pres 3/5/98 9416441570

CR2E037 (10/97)