## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COPPORATIONS

1997
DOCUMENT #

N20977

(7)

## KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business				Mailing Address					r enditeba one tibit dokid fibiti santı takin qınıt dıbit dibit atatı dırıtı dıbiti idət					
1342 COLONIAL BLVD				1342 COLONIAL BLVD										
STE E34				STE E34										
FT MYERS FL 33907			FT MYERS FL 33907-1013					-	2 5	Date Incorporated	or Ovelified	I an Do	te of Last R	
US			US						3. L	06/04/1987			05/14/19	
2. Principal Place of Business				26. Mailing Address					4. FEI Number 65-0006856				plied For	
21				26						00'00000	0			t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					<b>5</b> . 0	Certificate of Statu	e Desired		\$8.75	
22]			[27]							·	ria (ii) Historia		Fee Re	
City & State			City & State							lection Campaigr	_		\$5.00	
Zip	p Country		Zip Coi			Country 8				rust Fund Contrib	<del></del>		Added 1	
·	25	Country	29	L.ID	30	Julia				his corporation ha lorida Statutes			tax under s. TiNo	. 199.032,
24		Address of Current I		red Agent	[30]	T	<del></del>			Name and Addre				
						81	Name	1		5				
2041100	CLAVTON D						Clo	iw to		Cohnel		,		
	, CLAYTON R			82 Stree				Address (P.O. Box Number is Not Acceptable)						
1342 COLONIAL BLVD.				83										
E-34	DC PL 00007													
• FI MY	RS FL 33907					84	City					FL	85 Zip (	Code
e e e e e e e e e e e e e e e e e e e	to the provisions	of Castions 617 0503	od 61	7 1500 Florido C	labitas tha		o pomod	001001	otion	automite this state	most for the su		changing it	s sociatored
office or re	egistered <b>a</b> gent,	of Sections 617.0502 a or both, in the State of and accept the obligation	Florida	r. 1506, Florida 5 a. Such change v	vas authori;	ed by	the corp	corpor	i's bo	ard of directors. I	hereby accep	t the app	ointment as	registered
agent. La	m familiar with, a	ind accept the obligation	ons of,	Section 617.0500	3, Florida S	atute	<b>S</b> .							
SIGNATURE	Ninest as a made as as	rited name of registered agent i	ng talo il	nont-sebte	(NOTE: Registe	and the	ant sinneture	ran irad .	urbon 44	sinetation)		DATE		
12.	Signature typed or pri	OFFICERS AND I			(NOTE: Registr		aut Ribustine	required v		DDITIONS/CHANG	GES TO OFFIC		DIRECTOR	S IN 12
TITLE	PD	01110211071101	21116.01	DELETE		TITLE		r	,,,,		200 10 011.0		Change	Addition
NAME	ZEHNER, C	AVTON R		<b></b>		NAME		<b>'</b>						
	STREET ADDRESS 1342 COLONIAL BLV OSTE E34						ADDRESS							
	CITY-SI-ZIP FORT MYERS FL 33907					CITY-S								!
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		NIAL BLVD STE E34	1				ADDRESS			Dilorenzo				
STREET ADDRESS	FT MYERS		•		4	CITY-		137	751	Silverlah	ce Court			
CHY-ST-ZIP TITLE	STD	LF 00901		☐ DELETE		TITLE	51- Zir	रीव्य	الماع	Myers, FL	<del>33912</del>		Change	Addition
NAME	ZEHNER, LI	no.			B	NAME		V) 3	7, 17	, D				
STREET ADORESS		NIAL BLVD STE E34	ı				I ADDRESS	İ						
*******		RS FL 33907	7			. CITY-				•				
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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 phanged, or op an attachment with an address.

SIGNATURE!

HEE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 94 275 733 1

**FILED** 

May 27 1997 8:00am

Secretary of State