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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20977

1. Corporation Name

KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

49/359 - 90232 - 17

Principal Place of Business

1342 COLONIAL BLVD
 STE E34
 FT MYERS FL 33907
 US

Mailing Address

1342 COLONIAL BLVD
 STE E34
 FT MYERS FL 33907
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 **G501**
 23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 **G501**
 28 City & State

3. Date Incorporated or Qualified

06/04/1987

4. FEI Number

65-0006856

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

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

ZEHNER, CLAYTON
1342 COLONIAL BLVD.
E-34
FT. MYERS FL 33907

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

TITLE **PD** DELETE
 NAME **ZEHNER, CLAYTON R**
 STREET ADDRESS **1342 COLONIAL BLV DST E34**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D** DELETE
 NAME **DILORENZO, TANYA**
 STREET ADDRESS **13700 RICHMOND PARK DR NORTH #908**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VSTD** DELETE
 NAME **ZEHNER, LORA**
 STREET ADDRESS **1342 COLONIAL BLVD STE E34**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **Suite G501**
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **Suite G501**
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 **(941) 275-1337**
 Date Daytime Phone #

CR2E037 (11/98)