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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N22123 (6)

1. Corporation Name

THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
522 EMMA ST ~~204~~ KEY WEST FL 33040 US	PO BOX 1329 P. O. BOX 1329 KEY WEST FL 33041-1329 US

3. Date Incorporated or Qualified: 08/19/1987
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0069401 ☐ 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

SEWELL, JACK E.
522 EMMA ST
KEY WEST FL 33040

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SINGH, PRITAM		1.2 NAME	PETER RYSMAN	
STREET ADDRESS	PO BOX 4132 N/A		1.3 STREET ADDRESS	34 GOLF CLUB DRIVE	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	~~VP~~	☑ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~BREWER, BUD~~		2.2 NAME	PETER MARGOLIS (N/A)	
STREET ADDRESS	~~3340 N. ROOSEVELT BLVD.~~		2.3 STREET ADDRESS	P.O. BOX 1691	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	KEY WEST, FLA	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CREATH, JACQUELINE		3.2 NAME		
STREET ADDRESS	~~FRONT & GREENE ST.~~ PO BOX 4132 (N/A)		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL KEY WEST FL. 33040		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIZ NEWLAND		4.2 NAME		
STREET ADDRESS	P. O. BOX 4132 (N/A)		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP		
TITLE	~~CT~~	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~BEMIS, LARRY~~		5.2 NAME	WILLIAM CLINTON	
STREET ADDRESS	~~1071 SAN PEDRO AVE~~		5.3 STREET ADDRESS	100-1 EATON ST	
CITY-ST-ZIP	~~CORAL GABLES FL~~		5.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	~~D~~	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~BEHMKE, JOHN~~		6.2 NAME		
STREET ADDRESS	~~FRONT & GREENE ST~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~KEY WEST FL~~		6.4 CITY-ST-ZIP		

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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 changed, or on an attachment with an address.

SIGNATURE: [illegible] Jacqueline C. Creath, Director 1/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305) 296-0556 Daytime Phone # 0024672