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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N22123

1. Corporation Name

THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 FRONT STREET SUITE 103 KEY WEST FL 33040 US	201 FRONT STREET SUITE 103 KEY WEST FL 33040 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/19/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0069401 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STERLING, CHRISTIAN 201 FRONT STREET SUITE 103 KEY WEST FL 33040	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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~PHENT~~, DAVE PFENT		1.2 NAME	Pfent, Dave	
STREET ADDRESS	512 NOAH LANE		1.3 STREET ADDRESS	512 Noah Lane	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HURLOCK, ANN		2.2 NAME		
STREET ADDRESS	5308 TILBURY WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21212		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCGILLIS, DON		3.2 NAME	Ray Peterson	
STREET ADDRESS	212 FLEMING STREET		3.3 STREET ADDRESS	508 Porter Lane	
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, LARRY		4.2 NAME		
STREET ADDRESS	503 NOAH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GILMORE, CHUCK		5.2 NAME	Pam Mackenzie	
STREET ADDRESS	109 FREON STREET #214		5.3 STREET ADDRESS	510 Noah Lane	
CITY-ST-ZIP	KEY WEST FL 33040		5.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WICKMAN, FRED		6.2 NAME		
STREET ADDRESS	500 NOAH LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGN HERE REQUIRED 2/17/99 305/296-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #