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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000001507

1. Corporation Name
MONROE COUNTY VACATION RENTAL MANAGERS, INC.

Principal Place of Business
 701 CAROLINE ST.
 KEY WEST FL 33040

Mailing Address
 P.O. BOX 1634
 ISLAMORADA FL 33036



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0480596	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOODY, GENE E 701 CAROLINE ST KEY WEST FL 33040				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 MOODY, GENE E 701 CAROLINE ST. KEY WEST FL 33040	1.1 TITLE	D Moody, Gene E.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	701 Caroline St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Key West, Florida 33040
TITLE	VD VOWELS, CHARLES 701 CAROLINE ST. KEY WEST FL 33040	2.1 TITLE	PD Vowels III, Charles H.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	31281 Overseas Highway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Big Pine Key, Florida 33043-0925
TITLE	STD WHEELER, ALEXA 701 CAROLINE ST. KEY WEST FL 33040	3.1 TITLE	STD Wheeler, Alexa
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	85992 Overseas Highway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Islamorada, Florida 33036
TITLE	VD KNOX, JAY M. 30515 Overseas Highway Big Pine Key, Florida 33043	4.1 TITLE	VD Knox, Jay M.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	30515 Overseas Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Big Pine Key, Florida 33043
TITLE	D GLEN, WENDY P.O. Box 420428 Summerland Key, Florida 33042-0428	5.1 TITLE	D Glen, Wendy
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 420428
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Summerland Key, Florida 33042-0428
TITLE	D BRENNER, KRISTIN 796 Duck Key Drive Duck Key, Florida 33050	6.1 TITLE	D Brenner, Kristin
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	796 Duck Key Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Duck Key, Florida 33050

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: *Charles H. Vowels III* DATE: 30 April 1999 (305)872-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)