

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90081 013 ****61.25

DOCUMENT # 764921

1. Corporation Name

KEY COLONY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

2090 COLONIAL ROAD
#7
FT. PIERCE FL 34950

Mailing Address

2090 COLONIAL ROAD
#7
FT. PIERCE FL 34950



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/09/1982

4. FEI Number

65-0163888

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

9. Name and Address of Current Registered Agent

WILLIAMS, JIM
2030 COLONIAL RD
SUITE 6
FT PIERCE FL 34950

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
NAME WILLIAMS, JIM
STREET ADDRESS 2030 COLONIAL RD, #6
CITY-ST-ZIP FORT PIERCE FL 34950

☐ DELETE

TITLE T
NAME SKANNEL, SYBIL
STREET ADDRESS 2090 COLONIAL RD #4
CITY-ST-ZIP FT. PIERCE FL 34950

☒ DELETE

TITLE VPD
NAME ABSTEIN, MARTHA
STREET ADDRESS 2090 COLONIAL RD, #6
CITY-ST-ZIP FT. PIERCE FL 34950

☐ DELETE

TITLE SD
NAME WHIDDON, BECKY
STREET ADDRESS 2010 COLONIAL RD, #4
CITY-ST-ZIP FORT PIERCE FL 34950

☒ DELETE

TITLE D
NAME SKODA, NANCY
STREET ADDRESS 2030 COLONIAL RD, #1
CITY-ST-ZIP FORT PIERCE FL 34950

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD JIM WILLIAMS
1.2 NAME 2030 Colonial Rd #6
1.3 STREET ADDRESS Ft. Pierce, FL 34950
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE VP-D John Skovira
2.2 NAME 2030 Colonial Rd #1
2.3 STREET ADDRESS Ft. Pierce, FL 34950
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE SD Martha Abstein
3.2 NAME 2090 Colonial Rd #6
3.3 STREET ADDRESS Ft. Pierce, FL 34950
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE D Robt. Boykin
4.2 NAME 2050 Colonial Rd #4
4.3 STREET ADDRESS Ft. Pierce, FL 34950
4.4 CITY-ST-ZIP

☐ Change

☒ Addition

5.1 TITLE D NANCY SKODA
5.2 NAME 2030 Colonial Rd #1
5.3 STREET ADDRESS Ft. Pierce, FL 34950
5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 561-461-0305
Date Daytime Phone #

0063090

CR2E037 (11/98)