

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 700479 (9)  
1. Corporation Name  
KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
C/O PHYLLIS LYNCH  
20 POINCIANA DR  
KEY LARGO FL 33037  
US

Mailing Address  
C/O PHYLLIS LYNCH  
P O BOX 235  
KEY LARGO FL 33037  
US

3. Date Incorporated or Qualified  
02/20/1960

3a. Date of Last Report  
02/13/1995

4. FEI Number  
59-2078220

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

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

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

9. Name and Address of Current Registered Agent

LYNCH, PHYLLIS K  
20 POINCIANA DR  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LYNCH, PHYLLIS K	1.2 NAME	
STREET ADDRESS	20 POINCIANA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	ENGLISH, DIANE	2.2 NAME	MARGERY GAMBINO
STREET ADDRESS	55 ORANGE DRIVE	2.3 STREET ADDRESS	13 PALM BEACH DRIVE
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	KEY LARGO 33037
TITLE	D	3.1 TITLE	
NAME	MOHAMED, BRUCE	3.2 NAME	
STREET ADDRESS	TORANGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	
TITLE	MARVEL	4.1 TITLE	MARVEL MESA V.R
NAME		4.2 NAME	49 SILVER SPRINGS DR.
STREET ADDRESS		4.3 STREET ADDRESS	KEY LARGO 33037
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Phyllis K. Lynch, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

451-4264

Daytime Phone #

CR2E037 (12/95)