


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90030 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 700479</b>					
1. Corporation Name <b>KEY LARGO PARK PROPERTY OWNERS ASSOCIATION, INC.</b>					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/20/1960 4. FEI Number 59-2078220 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 <b>LYNCH, PHYLLIS K 20 POINCIANA DR KEY LARGO FL 33037</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME LYNCH, PHYLLIS K STREET ADDRESS 20 POINCIANA DR CITY-ST-ZIP KEY LARGO FL 33037 <input type="checkbox"/> DELETE			1.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Lynch, Phyllis K 1.3 STREET ADDRESS 20 POINCIANA DR. 1.4 CITY-ST-ZIP Key Largo, FL 33037		
TITLE TD NAME GAMBINO, MARGERY STREET ADDRESS 3 PALM BEACH DRIVE CITY-ST-ZIP KEY LARGO FL 33037 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME MESA, MARIVEL STREET ADDRESS 49 SILVER SPRINGS DR CITY-ST-ZIP KEY LARGO FL <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE BARB NAME ARA RICHARDS STREET ADDRESS 82 SILVER SPRINGS DR CITY-ST-ZIP KEY LARGO FL <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE President 5.2 NAME Vander Wyden, Mike <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.3 STREET ADDRESS 10 LAKE SHORE DR. 5.4 CITY-ST-ZIP Key Largo FL 33037		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE Vice President 6.2 NAME GOMEZ, Mike <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.3 STREET ADDRESS 18 GULF DR. 6.4 CITY-ST-ZIP Key Largo, FL 33037		

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

*Michael F. Vander Wyden* Presy 4/8/99 305 451-9995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)