

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714907 (3)**

1. Corporation Name  
**BIG PINE KEY CIVIC ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**U.S. HWY 1 BIG PINE KEY FL 33043** **P.O. BOX 430190 BIG PINE KEY FL**

3. Date Incorporated or Qualified **07/08/1968** 3a. Date of Last Report **02/27/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2079108</b>	<input type="checkbox"/> Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	<b>33043-0190</b>	<b>33043-0190</b>	Country	Country
25			<b>Monroe</b>	
26	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SHINKEVICH, EUGENE  
RT 3 BOX 197R  
~~WESTSHORE DR~~  
BIG PINE KEY FL 33043**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1206 West Shore Drive**  
83  
84 City  
**FL** 85 Zip Code  
**33043-6038**

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 *Eugene Shinkovich* **-Eugene Shinkovich, President** **January 23, 1996**  
Signature, typed or printed name of registered agent, and title if applicable (NO Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHINKEVICH, EUGENE</b>	
STREET ADDRESS	<b>RT 3 BOX 197R</b>	
CITY-ST-ZIP	<b>BIG PINE KEY, FL 00000</b>	
TITLE	<b>1-VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIMES, BILL</b>	
STREET ADDRESS	<b>P.O. BOX 1322 N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	<b>2-VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JESSUP, WAYNE</b>	
STREET ADDRESS	<b>P.O. BOX 431618 N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, ROBERT</b>	
STREET ADDRESS	<b>R. 3 BOX 291-N N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLOSER, DAYTON</b>	
STREET ADDRESS	<b>RT 3 BOX 224-A N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, BRENDA</b>	
STREET ADDRESS	<b>RT. 3 BOX 291-N N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1206 West Shore Drive</b>
1.4 CITY-ST-ZIP	<b>(ZIP) 33043-6038</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>1st Vice President/Director</b>
2.3 STREET ADDRESS	<b>Vern Pokorski</b>
2.4 CITY-ST-ZIP	<b>760 Big Pine Avenue</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>(ZIP) 33043-1618</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Secretary/Director</b>
4.3 STREET ADDRESS	<b>Florence Boyle</b>
4.4 CITY-ST-ZIP	<b>PO. Box 420842 N/A</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Secretary/Director</b>
5.3 STREET ADDRESS	<b>29311 Oleander Drive</b>
5.4 CITY-ST-ZIP	<b>(ZIP) 33043-6080</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Treasurer/Director</b>
6.3 STREET ADDRESS	<b>3041 Donna Road</b>
6.4 CITY-ST-ZIP	<b>(ZIP) 33043-6111</b>

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 on an attachment with an address.

SIGNATURE: *Eugene Shinkovich* **-Eugene Shinkovich** **Jan. 23, 1996** **(305) 872-4346**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)