


3-6-97 B-2736  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Mar 06 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham,  
 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 33043-0190  
 US

P.O. BOX 430190  
 BIG PINE KEY FL 33043-0190  
 US

3. Date Incorporated or Qualified 07/08/1968  
 3a. Date of Last Report 01/29/1996

4. FEI Number 59-2079108  
 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SHINKEVICH, EUGENE  
 1206 W. SHORE DR.  
~~WESTSHORE DR~~ e delete  
 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)  
 83 ← See note  
 84 City  
 85 Zip Code FL 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 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	P	<input type="checkbox"/> DELETE
NAME	SHINKEVICH, EUGENE	
STREET ADDRESS	1206 W. SHORE DR.	
CITY-ST-ZIP	BIG PINE KEY, FL 00000	
TITLE	1-VD	<input type="checkbox"/> DELETE
NAME	GRIMES, BILL	
STREET ADDRESS	P.O. BOX 1322 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	2-VD	<input type="checkbox"/> DELETE
NAME	JESSUP, WAYNE	
STREET ADDRESS	P.O. BOX 431618 N/A	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOYLE, FLORENCE	
STREET ADDRESS	P.O. BOX 420842	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLOSER, DAYTON	
STREET ADDRESS	29311 OLEANDER DR.	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, BRENDA	
STREET ADDRESS	3841 DONNA REED	
CITY-ST-ZIP	BIG PINE KEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert E. Schneider	
1.3 STREET ADDRESS	3841 Donna Road	
1.4 CITY-ST-ZIP	Big Pine Key, Florida 33043-6111	
2.1 TITLE	(None)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	(None)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pat Day	
4.3 STREET ADDRESS	29044V Begonia Drive	
4.4 CITY-ST-ZIP	Big Pine Key, Florida 33043-6017	
5.1 TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	(ZIP) 33043-6080	
6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	3841 Donna Road	
6.4 CITY-ST-ZIP	(ZIP) 33043-6111	

14. I do 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.

SIGNATURE: Robert E. Schneider Jan 13, 1997 (305) 872-3509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024721

CR2E037 (9/96)