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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 714907

1. Corporation Name

BIG PINE KEY CIVIC ASSOCIATION, INC.

Principal Place of Business

U.S. HWY 1
 BIG PINE KEY FL 33043-0190
 US

Mailing Address

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



2. Principal Place of Business

21 **Unincorporated Big Pine Key**

Suite, Apt. #, etc.
 22 **\$ No Name Key**

City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified

07/08/1968

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

9. Name and Address of Current Registered Agent

SHINKEVICH, EUGENE
 3841 DONNA RD
 BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name **Robert Schneider**
 82 Street Address (P.O. Box Number is Not Acceptable) **3841 Donna Road**
 83
 84 City **Big Pine Key** FL 85 Zip Code **33043**

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. Merely accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Schneider

Robert Schneider

March 1, 1999

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 | SCHNEIDER, ROBERT E | |
| STREET ADDRESS | 3841 DONNA ROAD | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WISNOSKI, STANLEY | |
| STREET ADDRESS | 2970 SARATOGA AVE | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHIKEVICH, EUGENE | |
| STREET ADDRESS | 1206 WEST SHORE DR | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BOLTON, JOAN | |
| STREET ADDRESS | 3848 DONNA RD | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CLOSER, DAYTON | |
| STREET ADDRESS | 29311 OLEANDER DR. | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SCHNEIDER, BRENDA | |
| STREET ADDRESS | 3841 DONNA RD | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Shinkevich, Eugene |
| 2.3 STREET ADDRESS | 1706 West Shore Drive |
| 2.4 CITY-ST-ZIP | Big Pine Key, Florida 33043 |
| 3.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Pokorski, Vern |
| 3.3 STREET ADDRESS | 760 Big Pine Avenue |
| 3.4 CITY-ST-ZIP | Big Pine Key, Florida 33043 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *Robert Schneider* **Robert Schneider** **March 1, 1999** (305) 872-3509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)