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Mar 07 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 # 720669

(1)

1. Corporation Name

WHITNEY BEACH CONSERVANCY, INC.

Principal Place of Business

6812 GULF OF MEXICO DRIVE
P O BOX 527
LONGBOAT KEY FL 34228-1334

Mailing Address

6812 GULF OF MEXICO DRIVE
P O BOX 527
LONGBOAT KEY FL 34228-0527



3. Date Incorporated or Qualified
04/06/1971

3a. Date of Last Report
03/29/1996

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

29 30

4. FEI Number
59-1362198

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, HAROLD
6700 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 PT
NAME GOLDSTEIN, HAROLD
STREET ADDRESS 6700 GULF OF MEXICO DR. #138
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME LOOMIS, LOUISE
STREET ADDRESS 6800 GULF OF MEXICO DR., #198
CITY-ST-ZIP LONGBOAT KEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TT
NAME RAHM, BETTY
STREET ADDRESS 6800 GULF OF MEXICO DRIVE APT 204
CITY-ST-ZIP LONGBOAT KEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME ROSENSWEET, PAULA
STREET ADDRESS 6701 GULF OF MEXICO DRIVE APT 335
CITY-ST-ZIP LONGBOAT KEY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TVP
NAME CAMPBELL, JOAN
STREET ADDRESS 6701 GULF OF MEXICO DR. #318
CITY-ST-ZIP LONGBOAT KEY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

(941) 383-4500

CR2E037 (9/96)