


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90081 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 720769</b>					
1. Corporation Name <b>DUCK KEY PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business POST OFFICE BOX 2606 MARATHON SHORES FL 33052-2606			Mailing Address POST OFFICE BOX 2606 MARATHON SHORES FL 33052-2606		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/23/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7295522	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROHAWN, LEE 157 INDIES DR SOUTH DUCK KEY FL 33050				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33050			

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] DATE 2-22-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, GARY			1.2 NAME	John Wolfe		
STREET ADDRESS	143 BIMINI DR			1.3 STREET ADDRESS	253 W. Seaview Cr.		
CITY-ST-ZIP	DUCK KEY FL			1.4 CITY-ST-ZIP	Duck Key, Fl. 33050		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHAN, TOM			2.2 NAME	Tom Bohan		
STREET ADDRESS	403 HARBOR DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	DUCK KEY FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MINK, BARBARA J.			3.2 NAME	Diana Walker		
STREET ADDRESS	260 W SEAVIEW DR			3.3 STREET ADDRESS	257 W. Seaview Cr.		
CITY-ST-ZIP	DUCK KEY FL			3.4 CITY-ST-ZIP	Duck Key, Fl. 33050		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROHAWN, LEE			4.2 NAME	June Helbling		
STREET ADDRESS	157 INDIES DR SOUTH			4.3 STREET ADDRESS	1103 Indies Drive, South		
CITY-ST-ZIP	DUCK KEY FL			4.4 CITY-ST-ZIP	Duck Key, Fl. 33050		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] SIGNATURE REQUIRED June A. Helbling DATE 2-22-99 DAYTIME PHONE # 305-743-7650

CR2E037 (11/98)