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Apr 30 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 # 722323 (3)

1. Corporation Name

ANGELFISH CAY CONDOMINIUM CHALETs, NO. 3, INC.



Principal Place of Business

Mailing Address

120 ANCHOR DR.
KEY LARGO FL 33037

100 ANCHOR DR. #157
NORTH KEY LARGO FL 33037-5277

3. Date Incorporated or Qualified
12/27/1971

3a. Date of Last Report
06/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1507262

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, JANE
HOMEPORT MANAGEMENT INC.
~~OCEAN REEF CLUB, MAILROOM BOX 157~~
KEY LARGO FL 33037

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 ANCHOR DR # 157

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 PD DELETE
NAME PALM, CATHY
STREET ADDRESS 100 ANCHOR RD. #157
CITY-ST-ZIP KEY LARGO FL 33037

1.1 TITLE DT Change Addition
1.2 NAME EVOY BARBARA
1.3 STREET ADDRESS 100 ANCHOR DR # 157
1.4 CITY-ST-ZIP KEY LARGO FL 33037

TITLE VPD DELETE
NAME RICHARD, CARROLL
STREET ADDRESS 100 ANCHOR RD. #157
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE DT DELETE
NAME MCMENAMIN, RONALD
STREET ADDRESS 100 ANCHOR RD. #157
CITY-ST-ZIP KEY LARGO FL 33037

3.1 TITLE DP Change Addition
3.2 NAME MCMENAMIN, RONALD
3.3 STREET ADDRESS 100 ANCHOR DR # 157
3.4 CITY-ST-ZIP KEY LARGO FL 33037

TITLE SD DELETE
NAME BLACK, JANE
STREET ADDRESS 100 ANCHOR RD. #157
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
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: Jane Black JANE BLACK

4.7.97

305 367 3945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024448

CR2E037 (9/96)