

FILE NOW: FILING FEE IS \$61.25

FILED

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

120 ANCHOR DR.
KEY LARGO FL 33037

Mailing Address

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

4. FEI Number
59-1507262

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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)

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 reinstalling)

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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.97 305 367 3945
Date Daytime Phone # 0024448

CR2E037 (9/96)