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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  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
BLACK, JANE  
HOMEPORT MANAGEMENT INC.  
~~OCEAN REEF CLUB, MAILROOM BOX 157~~  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent  
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  
TITLE PD NAME PALM, CATHY STREET ADDRESS 100 ANCHOR RD. #157 CITY-ST-ZIP KEY LARGO FL 33037 [X] DELETE  
TITLE VPD NAME RICHARD, CARROLL STREET ADDRESS 100 ANCHOR RD. #157 CITY-ST-ZIP KEY LARGO FL 33037 [ ] DELETE  
TITLE DT NAME MCMENAMIN, RONALD STREET ADDRESS 100 ANCHOR RD. #157 CITY-ST-ZIP KEY LARGO FL 33037 [ ] DELETE  
TITLE SD NAME BLACK, JANE STREET ADDRESS 100 ANCHOR RD. #157 CITY-ST-ZIP KEY LARGO FL 33037 [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DT 1.2 NAME EVOY BARBARA 1.3 STREET ADDRESS 100 ANCHOR DR # 157 1.4 CITY-ST-ZIP KEY LARGO FL 33037 [ ] Change [X] Addition  
2.1 TITLE DV 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [X] Change [ ] Addition  
3.1 TITLE DP 3.2 NAME MCMENAMIN, RONALD 3.3 STREET ADDRESS 100 ANCHOR DR # 157 3.4 CITY-ST-ZIP KEY LARGO FL 33037 [X] Change [ ] Addition  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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)