

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21 120 Anchor Drive Suite, Apt. #, etc.		2a. Mailing Address 26 100 Anchor Drive #476 Suite, Apt. #, etc.	
City & State 23 Key Largo, FL Zip Country		City & State 28 Key Largo, FL Zip Country	
24 33037		29 33037 30	
3. Date Incorporated or Qualified 12/27/1971		4. FEI Number 59-1507262 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACK, JANE HOMEPART MANAGEMENT INC. 100 ANCHOR DR., #157 KEY LARGO FL 33037		10. Name and Address of New Registered Agent 81 Name Moss, Evelyn 82 Street Address (P.O. Box Number Is Not Acceptable) 100 Anchor Drive #476 83 84 City Key Largo FL 85 Zip Code 33037	
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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 *Evelyn Moss* **Evelyn Moss** **4-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EVOY, BARBARA 100 ANCHOR DR., #157 KEY LARGO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Jeffs, Robert 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD, CARROLL 100 ANCHOR RD. #157 KEY LARGO FL 33037 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Carroll, Richard 100 Anchor Drive #476 Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMENAMIN, RONALD 100 ANCHOR DR., #157 KEY LARGO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD McMenamin, Ronald 100 Anchor Drive #476 Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, JANE 100 ANCHOR RD. #157 KEY LARGO FL 33037 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Moss, Evelyn 100 Anchor Drive #476 Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305 367-3232**
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/97)