


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90042 023 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 722323

1. Corporation Name
ANGELFISH CAY CONDOMINIUM CHALETs, NO. 3, INC.

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| Principal Place of Business 120 ANCHOR DR KEY LARGO FL 33037 US | Mailing Address 100 ANCHOR DR STE 476 NORTH KEY LARGO FL 33037 US |
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|--------------------------------|-------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 12/27/1971 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-1507262 |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 30. Country |

| | |
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| 9. Name and Address of Current Registered Agent BLACK, JANE 100 ANCHOR DR STE 476 KEY LARGO FL 33037 | 10. Name and Address of New Registered Agent 81. Name Evelyn Moss 82. Street Address (P.O. Box Number is Not Acceptable) 120 Anchor Drive 83. 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* DATE **4-23-99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | 1.2 NAME | D |
| STREET ADDRESS | JEFFS, ROBERT | 1.3 STREET ADDRESS | Grunow, John |
| CITY-ST-ZIP | 100 ANCHOR DR, 476 | 1.4 CITY-ST-ZIP | 100 Anchor Drive #476 |
| | <input type="checkbox"/> DELETE | | Key Largo, FL 33037 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | 2.2 NAME | |
| STREET ADDRESS | RICHARD, CARROLL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 100 ANCHOR DR 476 | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DP | 3.2 NAME | |
| STREET ADDRESS | MCMENAMIN, RONALD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | 100 ANCHOR DR 476 | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S | 4.2 NAME | |
| STREET ADDRESS | MOSS, EVELYN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | 100 ANCHOR DR 476 | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | | |
| 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 REQUIRED

4-23-99 305 367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)