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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 # 723205 (1)
 1. Corporation Name
THE FRANGIPANI CONDOMINIUM APARTMENTS, INC.



Principal Place of Business 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037	Mailing Address 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037
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3. Date Incorporated or Qualified 04/19/1972	
4. FEI Number 59-1506374	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
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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	City & State 27 Key Largo, FL
Zip 24 33037	Country 25
Zip 29 33037	Country 30

9. Name and Address of Current Registered Agent
MOSS, EVELYN
31 OCEAN REEF DR #A-207
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 City Key Largo, FL	
84 City Key Largo	85 Zip Code FL 33037

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEVINE, PATRICK 31 OCEAN REEF DR #A-207 KEY LARGO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSE, MARSHA 31 OCEAN REEF DR #A-207 KEY LARGO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRISP, CYNTHIA 31 OCEAN REEF DR #A-207 KEY LARGO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA MOSS, EVELYN 31 OCEAN REEF DR #A-207 KEY LARGO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Devine, Patrick 100 Anchor Drive #476 Key Largo, FL 33037	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Rose, Marsha 100 Anchor Drive #476 Key Largo, FL 33037	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD Crisp, Cynthia 100 Anchor Drive #476 Key Largo, FL 33037	☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	POA Moss, Evelyn 100 Anchor Drive #476 Key Largo, FL 33037	☒ 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 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** **305 367-3032**

CR2E037 (10/97)