FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727429 (3)

1. Corporation Name
LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
65700 OVERSEAS HWY P.O. BOX 406 LONG KEY FL 33001	65700 OVERSEAS HWY P.O. BOX 406 LONG KEY FL 33001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1973
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-2252653 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D.
5800 OVERSEAS HWY #40
MARATHON FL 33050

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE DV	☒ Change ☐ Addition
NAME	ECKHART, JAMES	1.2 NAME	MR. DONALD GODSHALL
STREET ADDRESS	7740 182 TERR.	1.3 STREET ADDRESS	7524 ROOSEVELT STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	DS	2.1 TITLE DS	☒ Change ☐ Addition
NAME	JANE, VANDERBAG,	2.2 NAME	MR. EVERETT NOORIGAN
STREET ADDRESS	1910 LAKE SHORE DRIVE	2.3 STREET ADDRESS	P.O. BOX 962
CITY-ST-ZIP	FENNVILLE MI 49408	2.4 CITY-ST-ZIP	LONG KEY, FL 33001
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CORVO, THOMAS	3.2 NAME	
STREET ADDRESS	545 FRITZ ROD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLEBROOK CO	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOHN E.	4.2 NAME	
STREET ADDRESS	P O BOX 1146 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	DREW, DONALD B,	5.2 NAME	
STREET ADDRESS	P.O. BOX 454 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG KEY FL 33001	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald B. Drew 4/21/95 305/664-8374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074037