FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727429

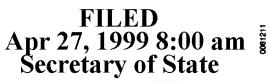
1. Corporation Name

LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address 65700 OVERSEAS HWY

P.O. BOX 406 LONG KEY FL 33001



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2. Principal Pla	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed			
21		26		09/11/1973			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Apr	lied For	
22		27		59-2252653	Not	Applicable	
City & State	•	City & State		5. Certificate of Status Desired	\$8.75 A		
23		28		3. Certificate of Status Desired	Fee Rec	Juired	
Zip	Country	Zip Cou			6. Election Campaign Financing	\$5.00	- 1
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registere	1 Agent	
				Name			
GREENMAN, FRANKLIN D.				Street A	Idress (P.O. Box Number is Not Acceptable)		
5800 CVERSEAS HWY #40							
MARATHON FL 33050							
			84	City		. 85 Zip C	nde
			044	City	F		000
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	-named co	rporation submits this statement for the purpose	of changing its	egistered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	f Florida. Such change was a	uthorized by	the corpor:	ation's board of directors. I hereby accept the app	ointment as reg	Istered
-	mamiliar with, and ascept the obligati	3113 31, 0000011 011.0000, 113		•			-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	t signature req	ired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	XXDELETE.	1.1 TITLE		DV	Change	Addition
NAME	GODSALL, DONALD		1.2 NAME		DIANE REID		
STREET ADDRESS	7524 ROOSEVELT ST		1.3 STREET	ADDRESS	P.O. BOX 733		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	r-ZIP	LONG KEY, FL 33001		
TITLE	DV	D DELETE	2.1 TITLE		DP	Change	Addition
NAME	JUD WALFORD	,	2.2 NAME		JACK RUBIN		
STREET ADDRESS	15915 ALSACE		2.3 STREET	ADDRESS	299 CRICKET COURT		
CITY-ST-ZIP	SAN ANTONIO TX 78232		2.4 CITY-S		VARDLEY PA 19067		,
TITLE	DS	XXDELETE	3.1 TITLE		YARDLEY, PA 19067 DS	Change	Addition
NAME	MICHAEL BEDNAR		3.2 NAME	1	JANE M. VANDENBERG	~	
STREET ADDRESS	P O BOX 452 N/A		3.3 STREET	ADDRESS	1910 LAKE SHORE DRIVE		
	LONG KEY FL 33001		3.4 CITY-S	ĺ	FENNVILLE, MI 49408		
CITY-ST-ZIP	DT DT	XXDELETE	4.1 TITLE	1-21	DT	∑ /Change	Addition
NAME	OGLESBY, RAYMOND	3631/E	4, 2 NAME	1	LORRAINE COSSEBOOM		1
	3714 SW 52ND AVE		4.3 STREET	ADDRESS	P.O. BOX 241		
STREET ADDRESS	HOLLYWOOD FL		4.4 CITY-S		CORNISH, NH 03746		
CITY-ST-ZIP TITLE			5.1 TITLE	1-215	COMMITTING THE CONTROL	☐ Change	Addition
	MARGE CAMERON	×	5.2 NAME	1		_ *	
NAME	8055 SW 122ND ST		5.3 STREE	ADDRESS			
STREET ADDRESS	MIAMI FL 33156		5.4 CITY+S	. 1			}
CITY-ST-ZIP	mirani i E 00 i 00		6.1 TITLE	-		☐ Change	Addition
TITLE			6.2 NAME			_ ,	_
NAME			6.3 STREE	ADDRESS			ļ
STREET ADORESS				- 1			
CITY-ST-ZIP		ALT - 611	6.4 CITY-S		Section 119 07/(3)(i) Florida Statutes I further u	ertify that the it	formation

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. If surfice 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:

31/99 Daytime Phone #