6-18-48 B 7930 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 734953

(3)

FILED Jun 18 1998 8:00am Secretary of State

	SOR VILLAGE ASSOCIATION	I, INC.			
Principal Plac	e of Business	Mailing Address		L canife towar 1994 diffe follo fill bifft	Atare Brait Bratt BIBIT Biåft 1881
727 WINDSOR KEY WEST FL		727 WINDSOR LANE KEY WEST FL 33040		3. Date Incorporated or Qualified 02/12/1976 4. FEI Number	Applied For
				NOT APPLICABLE	Not Applicable
2. Principal F	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 City & Stat	0	City & State		Trust Fund Contribution	Added to Fees
23	б	28 City & State		7. Is this nonprofit corporation a homeowr	ners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name		
	iarles e		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<u></u>
	IDSOR LANE			,	
KEY WE	ST FL 33040		83		
			84 City		. 85 Zip Code
44 0		0 1 047 4500 61: 6:		F	<u>L</u>
I Office of r	edistered agent, or both, in the State	of Florida. Such change was a	iuthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered poointment as registered
agent. i a	m tamiliar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes	• •	•
SIGNATURE	Signature, typied or printed name of registered age	of and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	REYNOLDS, CHAD R		1.2 NAME		
STREET ADDRESS	721 WINDSON LANE		1.3 STREET ADDRESS		
CATY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		
TITLE	VP D	DELETE	2 1 TITLE	PD Para	Change Addition
NAME	WILDUR, CHARLOTTE W	•	2.2 NAME	HERSEY BARBARAS	•
STREET ADDRESS	746-R-WINDSOR LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040	TT becare	2. 4 CITY - ST - ZIP	Key WEST, 1-6 33	ow
TITLE	\$D	☐ DELETE	3.1 TITLE	•	Change Addition
NAME	HANEMAN, NEIL 121 F WINDSOR LANE		3.2 NAME		
STREET ADDRESS	KEY WEST FL 33040		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NET WEST PL 33040	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	E, CHARLES E				The Production
STREET ADDRESS	727 WINDSOR LANE		4. 2 NAME		
CITY-ST-ZIP	KEY WEST FL 33040		4.3 STREET ADDRESS		
TITLE	127 1720112 00010	☐ DELETE	4.4 CtTY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		E one de E vacanti.
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7IP		

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 suppliemental 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 chapged or on an attachment with an address

IGNATURE: Church Botton C. Harris

112/90 294 (20