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Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 751169 (4)
1. Corporation Name
THE VILLAS OF KEY WEST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 1224 SOUTH STREET, KEY WEST FL 33040
Mailing Address: 1224 SOUTH STREET, KEY WEST FL 33040-3406

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/15/1996

21. Principal Place of Business: 3349 PARLER AVENUE
22. Suite, Apt. #, etc.
23. City & State: KEY WEST FL
24. Zip: 33040
25. Country: USA

26. Mailing Address: PO Box 1612
27. Suite, Apt. #, etc.
28. City & State: KEY WEST FL
29. Zip: 33041-1012
30. Country: USA

4. FEI Number: 65-0164710
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BERVALDI, FRANK V
1224 SOUTH STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81. Name: SIMMS MARK J.
82. Street Address (P.O. Box Number is Not Acceptable): 3349 PARLER AVENUE
83.
84. City: KEY WEST FL 85. Zip Code: 33040

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: *[Signature]* PRESIDENT BOARD OF DIRECTORS 7/22/97
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERVALDI, FRANK V (DR)	
STREET ADDRESS	1224 SOUTH STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATERNO, ROBERT J	
STREET ADDRESS	7730 S W 116TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPOTTSWOOD, ROBERT A	
STREET ADDRESS	500 FLEMING STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK JEFFREY SIMMS	
1.3 STREET ADDRESS	3349 PARLER AVENUE	
1.4 CITY-ST-ZIP	KEY WEST FL 33040	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARSHAN M. ROTH	
2.3 STREET ADDRESS	3319 PEARL AVENUE	
2.4 CITY-ST-ZIP	KEY WEST FLORIDA 33040	
3.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY R. FREISMAN	
3.3 STREET ADDRESS	3351 PARLER AVENUE	
3.4 CITY-ST-ZIP	KEY WEST FLORIDA 33040	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* 7/22/1997 765-296-2966

CR2E037 (9/96)