


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		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	Mailing Address
1224 SOUTH STREET KEY WEST FL 33040	1224 SOUTH STREET KEY WEST FL 33040-3406



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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3349 FLORIDA AVENUE	26 PO BOX 1612	65-0164710	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State KEY WEST FL	28 City & State KEY WEST FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33040	25 Country USA	29 Zip 33041-1012	30 Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERVALDI, FRANK V 1224 SOUTH STREET KEY WEST FL 33040		81 Name	JIMMIE MARK J.
		82 Street Address (P.O. Box Number is Not Acceptable)	3349 FLORIDA 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  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	BERVALDI, FRANK V (DR)	1.2 NAME	MARK JEFFREY SIMMS
STREET ADDRESS	1224 SOUTH STREET	1.3 STREET ADDRESS	3349 FLORIDA AVENUE
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D	2.1 TITLE	VICE PRESIDENT/DIRECTOR
NAME	PATERNO, ROBERT J	2.2 NAME	MARSHALL M. ROTH
STREET ADDRESS	7730 S W 116TH ST	2.3 STREET ADDRESS	3319 PEARL AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	KEY WEST FLORIDA 33040
TITLE	SD	3.1 TITLE	TREASURER/DIRECTOR
NAME	SPOTTSWOOD, ROBERT A	3.2 NAME	GARY L. FREEMAN
STREET ADDRESS	500 FLEMING STREET	3.3 STREET ADDRESS	3351 FLORIDA AVENUE
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	KEY WEST FLORIDA 33040
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 365-296-2966

CR2E037 (9/96)