

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 3349 FLAGLER AVE, KEY WEST FL 33040, US
Mailing Address: PO BOX 1012, KEY WEST FL 33041-1012, US

3. Date Incorporated or Qualified: 02/21/1980
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: SIMMS, MARK J, 3349 FLAGLER AVE, KEY WEST FL 33040

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SIMMS, MARK JEFFREY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3349 FLAGLER AVENUE	1.3 STREET ADDRESS	
	KEY WEST FL	1.4 CITY - ST - ZIP	
VPD	ROTH, MARSHAN M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3319 PEARL AVE	2.2 NAME	
	KEY WEST FL	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TD	FRIERMAN, GARY R	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3351 FLAGLER AVE	3.2 NAME	
	KEY WEST FL	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		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	

FRIERMAN, GARY R.

14. 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 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: _____

CR2E037 (10/97)