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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

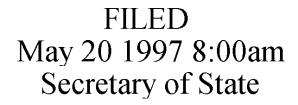
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(2)

THE FLORIDA KEYS MEDICAL COMPLEX CONDOMINIUM ASS OCIATION, INC.

Principal Place of Business

Mailing Address





8151 OVERSEA MARATHON FL				51 OVERSEAS HWY ARATHON FL 33050-3200)										
								[]	 Date Incorporated or Qualific 03/06/1981 	od 3a. [3a. Date of Last Report 06/25/1996				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Aj	oplied For		
21			26					59-2033607			No	ot Applicable			
Suite, Apt.			27	Suite, Apt. #, etc.				!	5. Certificate of Status Desired				Additional equired		
City & State			City & State										5.00 May Be dded to Fees		
Zip Country 25				Zip Cpuntry 30				8. This corporation has liability for inlangible tax under s. 199.032, Florida Statutes Yes XNo							
	9. Name and Ad	dress of Current	Regis	stered Agent			T .:		0. Name and Address of New	Registered	Ager	nt			
						81	Name								
	WITZ, BARRY J. M 00, 8151 OVERSE						Street .	Address (P.O. Box Number is Not Acceptable)							
MARATHON FL 33050						83									
						84	City			FI	85	Zip	Code		
11. Pursuant office or r	to the provisions of S egistered agent, or t	Sections 617.0502 both, in the State of	and 6	617.1508, Florida Statutida. Such change was	ios, the	voda e	e-named y the corp	d corporat	tion submits this statement for the board of directors. I hereby ac	ne purpose scept the ap	of cha pointr	nging i nent as	ts registered registered		
SIGNATURE .	intrattinar willi, and i	accept the obligat	IONS C	71, Section 6 (7.0505, F1	orda e	Siarore	ъ.								
SIGNATORE .	Signature, typed or printed					ont signature	e required wi		DATE						
12.	OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OF	FICERS AN					
TITLE	PD			DELETE		1 TITLE		ļ			Ш	Change	Addition		
NAME	MANKOWITZ, E					.2 NAME									
STREET ADDRESS	8151 OVERSEA						T ADDRESS								
CITY-ST-ZIP TITLE	MARATHON, FI	_ 00000		DELETE		4 CHTY-5	S1 - ZIP	 				Change	Addition		
NAME	O'CONNOR, JO	им в им		- perice	- 1	2 NAME						onungo	- realion		
STREET ADDRESS	8151 OVERSEA						1 ADDRESS								
CITY-ST-ZIP	MARATHON FL					. 4 CITY-									
TITLE	SD			☐ DELETE		1 TITLE	-, -, -, -, -, -, -, -, -, -, -, -, -, -					Change	Addition		
NAME	FORSTER, JAM	IES W			3	2 NAME									
STREET ADDRESS	8151 OVERSEA				3	3 STREE	I ADDRESS								
CITY-ST-ZIP	MARATHON FL				3.	4, CITY-	ST-ZIP								
TITLE	TD			DELETE		.1 TITLE						Change	Addition		
NAME	WOLSZCZAK,				4	. 2 NAME									
STREET ADDRESS	8151 OVERSEA						T ADDRESS								
CITY-ST-ZIP	MARATHON FL	·			_	.4 CITY-!	ST-ZIP	<u> </u>							
TITLE				DELETE		.1 TITLE		D .			Ц	Change	Addition		
NAME						.2 NAME		Bot	elho, George						
STREET ADDRESS							T ADDRESS		l Overseas Hwy	7					
CITY-ST-ZIP TITLE				DELETE		A DITY-!	ST-ZIP	Mar	athon FL			Change	☐ Addition		
NAME						2 NAME					u	√iiaiiy¢	L ADOMON		
							T ADDRESS	1							
STREET ADDRESS City-St-Zip						4 DAY-1									
UH 1 - 31 - 48"	ı				■ 5	en bertie	01" LIT	1							

14. I do hereby certify that the information supplied with this filling does not qualify to 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.

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