FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

OCUMENT # 758283 V Corporation Name

Listle Key association Inc.

incipal Place of Business 1800 & Oulando Ceve Cocon Beach > 13243/

Mailing Address

200 1 First ft. Coron Beach 2 1 32931

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90017 012 ****61.25

DOCUMENT - T

5 585336 - 90317 - 32 6	
5 585336 ⁵ - 90017 - 32 6	

Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifer	j		
		26						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		} -+	olied For
	<u></u>				59-26727	7 Y	Not	Applicable
City & State	е	City & State			5. Certificate of Status Desired	П	\$8.75 A	
		28			3. Certificate of Gratus Desired		Fee Red	quired
Zip ~	Country	Zip	Country		6. Election Campaign Financing	,	\$5.00	May Be
	25	29	0		Trust Fund Contribution		Added to	Fee <u>s</u>
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	Agent	
			81	Name	larelyn A. Go	سفهد	man.	
			82	Street Addre	ss (P.O. Box Number is Not Accep	table		
				<u>200</u>	north Fine	<u>+</u> +	teek	
			83]				
			84	City C			85 Zip C	ode
			07	Can	eou Beuch	FL	85 Zip C	/ د چَدْ
1. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	e-named corpo	ration submits this statement for th	e purpose of	changing its r	registered
office or re	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was auth	norized by la Statutes	the corporation	n's board of directors, I hereby acc	apt the appoil	ntment as reg	isterea
agent. i a	and accept the obliga	or, geoloit or risoda, riski	No Condition	1	100	1 -3	e - 2 2	,
IGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Ager	CL r:	n A. Rigerman	DATE		
2.		D DIRECTORS	13.		ADDITIONS/CHANGES TO O			
îLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
JME		_	1.2 NAME					-
REET ADDRESS	Chile Road		13 STDEE	T ADDRESS				
· .	Cara	E/22021	1.4 CITY-S					
TY-ST-ZIP TLE	SD SD	DELETE	2.1 TITLE	1-217			Change	Addition
	li i Mrink		2.2 NAME				_ •	
₩E '	1800 5 Atlant	in Ave #2						
TREET ADDRESS	1888 3 19 21 4 10	= 1		TADDRESS				
TY-ST-ZIP	Cocon Bench	J- L 33-931	2. 4 CITY-5	ST-ZIP			Change	Addition
TLE	ı -		3.1 TITLE				☐ Change	Addition
WE	Greg Fales		_3.2 NAME_					
TREET ADDRESS	311 omeridian	Drive	3.3 STREE	T ADDRESS				
TY-ST-ZIP	Cocou Beach	►1. 3.29.3/ □ DELETE	3.4. CITY-5	ST-ZIP				
TLE		□ DÉLETE	4.1 TITLE	.			☐ Change	Addition
¥ME			4. 2 NAME	}				
TREET ADDRESS			4.3 STREE	T ADDRESS				
TY-ST-ZIP			4.4 CITY-S	T-ZIP				
TLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
AME			5.2 NAME					
TREET ADORESS			5.3 STREE	T ADDRESS				
TY-ST-ZIP			5.4 CITY-S	T-ZIP				
TLE		☐ DELETE	6.1 TITLE				☐ Chaпge	Addition
AME			6.2 NAME					
			6.3 STREE	T ADDRESS				
TREET ADDRESS			6.4 CITY-S					
ITY-ST-ZIP	I		B 4.1 -0	.,				

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, oc on an attachment with an address, with all other like empowered.

SIGNATURE: <

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Leasure 6

6-80-95 Date

Daytime Phone #

CR2E037 (11/98)