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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **759967** **(3)**

1. Corporation Name

LOVERS KEY BEACH CLUB CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
8701 ESTERO BLVD FT MYERS FL 33931-5127	C/O MIND YOUR MANORS, INC. 1700 MEDICAL LANE FT MYERS FL 33907-1111

3. Date Incorporated or Qualified: **09/11/1981**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 SunStream, Inc
Suite, Apt. #, etc.
27 6640 Estero Blvd
City & State
28 Ft. Myer Beach FL
Zip 29 33931 Country 30 USA

4. FEI Number: **59-2447543** ☐ Applied For ☐ Not Applicable

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

SAPP, PAUL
C/O MIND YOUR MANORS, INC.
1700 MEDICAL LANE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Mary Anne Monsrud
82 Street Address (P.O. Box Number is Not Acceptable): SunStream, Inc
83 6640 Estero Blvd
84 City: Ft. Myers Beach **FL** 85 Zip Code: 33931

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 Mary Anne Monsrud
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	DD	☐ Change ☑ Addition
NAME	LIEBERMAN, STUART		1.2 NAME	Lawrence, David A.	
STREET ADDRESS	1700 MEDICAL LANE		1.3 STREET ADDRESS	1345 High Point Ct.	
CITY-ST-ZIP	FT MYERS FL 33907		1.4 CITY-ST-ZIP	Hastings, MN 55033	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	THOMPSON, SID		2.2 NAME	Thompson, Sid	
STREET ADDRESS	1700 MEDICAL LANE		2.3 STREET ADDRESS	1700 Medical Lane	
CITY-ST-ZIP	FT MYERS FL 33907		2.4 CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	REDDY, DONALD		3.2 NAME	Reddy, Donald	
STREET ADDRESS	1700 MEDICAL LANE		3.3 STREET ADDRESS	1700 Medical Lane	
CITY-ST-ZIP	FT MYERS FL 33907		3.4 CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.