SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90011 025 ****61.25

DOCUMENT # N03278

1. Corporation Name
REFLECTIONS ON KEY WEST CONDOMINIUM ASSOCIATION, INC.

597437 - 90011 - 25

Principal Place of Business	Mailing Address
ZERO DUVAL STREET KEY WEST FL 33040	ZERO DUVAL STREET KEY WEST FL 33040

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/24/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~59-2320766~~ New owner ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HORAN, DAVID PAUL
608 WHITEHEAD ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DRUCKER, RONALD H.		1.2 NAME	WEBB II, JEFFERSON	
STREET ADDRESS	ZERO DUVAL STREET		1.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	DVP	☒ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	FLANAGAN, WILLIAM		2.2 NAME	FLANAGAN, WILLIAM	
STREET ADDRESS	ZERO DUVAL STREET		2.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	STARGAARD, TOM		3.2 NAME	DYER, PATRICK	
STREET ADDRESS	ZERO DUVAL ST		3.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME			4.2 NAME	THORNTON, JENA	
STREET ADDRESS			4.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
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		

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, with all other like empowered.

SIGNATURE: Jefferson Webb II 7/22/99 305-296-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)