FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N04256 (6)

1. Corporation Name
BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE #30 STE 32 FT. MYERS FL 33907 US	12734 KENWOOD LANE #30 STE 32 FT. MYERS FL 33907 US

3. Date Incorporated or Qualified: 07/18/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2516411 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICHAEL FLEMING & ASSOCIATES INC. 12734 KENWOOD LN STE 32 FT. MYERS FL 33907	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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	DAKOS, NICHOLAS	1.2 NAME	Same
STREET ADDRESS	816 SW 48 TERR #201C	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	D ☑ Change ☐ Addition
NAME	DRYZQULA	2.2 NAME	Angel Vega
STREET ADDRESS	5400 BLUE CRAB CIRCLE D	2.3 STREET ADDRESS	5301 Blue Crab Circle
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	Bokelia FL 33922
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, CHARLES	3.2 NAME	P Same
STREET ADDRESS	5231 BLUE CRAB CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	V ☑ Change ☐ Addition
NAME		4.2 NAME	Tony Moore
STREET ADDRESS		4.3 STREET ADDRESS	5301 Blue Crab Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bokelia, FL 33922
TITLE		5.1 TITLE	S/T ☑ Change ☐ Addition
NAME		5.2 NAME	James Stidwell
STREET ADDRESS		5.3 STREET ADDRESS	5301 Blue Crab Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bokelia FL 33922
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/1/95 813 9397526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001602e