

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # N25343 (7)

1. Corporation Name

THE KEY WEST VILLAS MOBILE HOME OWNERS ASSOCIATI
ON INC.

Principal Place of Business

79 - 1300 15TH COURT
KEY WEST FL 33040
US

Mailing Address

79 - 1300 15TH COURT
KEY WEST FL 33040
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1988		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0061258		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

AYRES, SYDNEY F SR.
1300 15TH COURT
LOT 79
KEY WEST FL 33040

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, HELEN	1.2 NAME	MOSS, MARK
STREET ADDRESS	1300 15TH CT #79	1.3 STREET ADDRESS	1300 15TH COURT #76
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYRES, F S	2.2 NAME	
STREET ADDRESS	1300 15TH COURT, #79	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ED	3.2 NAME	MORAN, DENNIS
STREET ADDRESS	1300 15TH COURT, #37	3.3 STREET ADDRESS	1300 15TH COURT, #5
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLER, GERTRUDE	4.2 NAME	KIMBERLING, GARYANNE
STREET ADDRESS	1300 15TH CT #77	4.3 STREET ADDRESS	1300 15TH COURT, #48
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, CHRIS	5.2 NAME	KELLY, JAY
STREET ADDRESS	1300 15TH COURT, #9	5.3 STREET ADDRESS	1300 15TH COURT #78
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CHRIS	6.2 NAME	
STREET ADDRESS	1300 15TH COURT, #6	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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)(k), 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:

Sydney F Ayres, Sr.
SYDNEY F AYRES, SR.

3/30/96

Date

Daytime Phone #

CR2E037 (12/95)