

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25343

(7)

Corporation Name

THE KEY WEST VILLAS MOBILE HOME OWNERS ASSOCIATI
ON INC.

Principal Place of Business

Mailing Address

79 - 1300 15TH COURT
KEY WEST FL 33040
US79 - 1300 15TH COURT
KEY WEST FL 33040
US3. Date Incorporated or Qualified
03/10/19883a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 1300 15th CT

26 1300 15th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #9

27 #9

City & State

City & State

23 Key West FL

28 Key West FL

Zip

Zip

24 33040

29 33040

Country

Country

25 ~~1300 15th CT~~ US

30 US

8. 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

Chris Kennedy

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

1300 15th CT #9

83

84 City

Key West

FL

85 Zip Code

33040

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

Chris Kennedy Chris Kennedy President

2/17/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MOSS, MARK
STREET ADDRESS 1300 15TH COURT #76
CITY - ST - ZIP KEY WEST FL1.1 TITLE PD Change
1.2 NAME Chris Kennedy #9
1.3 STREET ADDRESS 1300 15th CT #9
1.4 CITY - ST - ZIP Key West FL 33040TITLE PD DELETE
NAME AYRES, F S
STREET ADDRESS 1300 15TH COURT, #79
CITY - ST - ZIP KEY WEST FL2.1 TITLE VP Change
2.2 NAME Dennis Morgan
2.3 STREET ADDRESS 1300 15th CT #5
2.4 CITY - ST - ZIP Key West FL 33040TITLE VD
NAME DENNIS, MORGAN
STREET ADDRESS 1300 15TH COURT #5
CITY - ST - ZIP KEY WEST FL3.1 TITLE VD Change
3.2 NAME Travis Mitchell
3.3 STREET ADDRESS 1300 15th CT #27
3.4 CITY - ST - ZIP Key West FL 33040TITLE TD DELETE
NAME GARYANNE, KIMBERLING
STREET ADDRESS 1300 15TH COURT #48
CITY - ST - ZIP KEY WEST FL4.1 TITLE SD Change
4.2 NAME Edward Garcia
4.3 STREET ADDRESS 1300 15th CT #37
4.4 CITY - ST - ZIP Key West FL 33040TITLE VP DELETE
NAME KENNEDY, CHRIS
STREET ADDRESS 1300 15TH COURT, #9
CITY - ST - ZIP KEY WEST FL5.1 TITLE SD Change
5.2 NAME Helen Fritz
5.3 STREET ADDRESS 1300 15th CT #8
5.4 CITY - ST - ZIP Key West FL 33040TITLE SD DELETE
NAME ROBINSON, CHRIS
STREET ADDRESS 1300 15TH COURT, #6
CITY - ST - ZIP KEY WEST FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

Chris Kennedy

2/17/97

305-294-2068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078124

CR2E037 (9/96)