

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N25343

1. Corporation Name

THE KEY WEST VILLAS MOBILE HOME OWNERS ASSOCIATI  
ON INC.

Principal Place of Business

1300 15TH CT  
KEY WEST FL 33040  
US

Mailing Address

1300 15 CT  
#9  
KEY WEST FL 33040  
US

FILED

99 FEB -2 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1300 15TH CT #9		26		03/10/1988	
22 Suite, Apt. #, etc. Key West, FL		27 Suite, Apt. #, etc.		4. FEI Number 65-0061258	
23 City & State 33040 USA		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33040		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SILVEY, J M 1300 15 CT #9 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, President 1/18/99 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	P	NAME	SILVEY, J M	1.1 TITLE	P	NAME	Chris Kennedy
STREET ADDRESS	1300 15TH CT., #9	1.2 NAME		1.2 NAME		STREET ADDRESS	1300 15TH CT #9
CITY-ST-ZIP	KEY WEST FL	1.3 STREET ADDRESS		1.3 STREET ADDRESS		CITY-ST-ZIP	Key West, FL 33040
TITLE	VP	2.1 TITLE	VP	2.1 TITLE	VP	2.2 NAME	John Curry
NAME	DENNIS, M	2.2 NAME		2.2 NAME		2.3 STREET ADDRESS	1300 15TH CT #24
STREET ADDRESS	1300 15TH CT., #5	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		3.1 TITLE	VO
TITLE	VD	3.1 TITLE	VD	3.1 TITLE	VD	3.2 NAME	Travis Mitchell
NAME	FRIE, H	3.2 NAME		3.2 NAME		3.3 STREET ADDRESS	1300 15TH CT # 27
STREET ADDRESS	1300 15TH COURT #5	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		4.1 TITLE	
TITLE	TS	4.1 TITLE		4.1 TITLE		4.2 NAME	
NAME	MELENZ, O	4.2 NAME		4.2 NAME		4.3 STREET ADDRESS	
STREET ADDRESS	1300 15TH COURT #16	4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		5.1 TITLE	
TITLE	D	5.1 TITLE		5.1 TITLE		5.2 NAME	
NAME	BOUDREUX, B	5.2 NAME		5.2 NAME		5.3 STREET ADDRESS	
STREET ADDRESS	1300 15TH COURT, #24	5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		6.1 TITLE	
TITLE	D	6.1 TITLE		6.1 TITLE		6.2 NAME	
NAME	AYRES, S	6.2 NAME		6.2 NAME		6.3 STREET ADDRESS	
STREET ADDRESS	1300 15TH COURT, #27	6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		B-2/3/99 99AC	

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Chris Kennedy, President 1/18/99 305-294-2068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0024992

CR2E037 (11/98)