

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42130 (7) 1. Corporation Name LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.
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Principal Place of Business C/O RUDY BISHOP P O BOX 430420 BIG PINE KEY FL 33043 US	Mailing Address C/O RUDY BISHOP P O BOX 430420 BIG PINE KEY FL 33043-0420 US
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2. Principal Place of Business 21 Lower Keys Property Suite, Apt. #, etc. OWNERS ASSOC. INC.	2a. Mailing Address 26 PO Box 430212 Suite, Apt. #, etc.
22 City & State 23 Zip 24 Country 25	27 City & State 28 Big Pine Key FL Zip 29 33043 Country 30 MONROE

3. Date Incorporated or Qualified 02/15/1991	3a. Date of Last Report 06/03/1996
4. FEI Number 59-2035632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANSEN, TED 1683 CANAL ST. BIG PINE KEY FL 33043
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10. Name and Address of New Registered Agent 81 Name DICK HEISER 82 Street Address (P.O. Box Number is Not Acceptable) 1680 HELENS 83 84 City Big Pine Key FL 85 Zip Code 33043
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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 R. D. Hansen DATE 4-18-97

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HANSEN, TED
STREET ADDRESS	1683 CANAL ST.
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HEISER, DICK
STREET ADDRESS	1680 HELENS
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BISHOP, RUDY
STREET ADDRESS	PO BOX 430420 N/A
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BISHOP, NEVA
STREET ADDRESS	P O BOX 430420 N/A
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUER, DICK
STREET ADDRESS	RT 5 BOX 869 N/A
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	SAVIDON, LOU
STREET ADDRESS	PO BOX 430-243
CITY-ST-ZIP	BIG PINE KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICK HEISER
1.3 STREET ADDRESS	1680 HELENS
1.4 CITY-ST-ZIP	Big Pine Key 71-33043
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ted HANSEN
2.3 STREET ADDRESS	1683 Canal ST
2.4 CITY-ST-ZIP	Big Pine Key 71-33043
3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wm TURNER
3.3 STREET ADDRESS	22786 Jolly Rogers
3.4 CITY-ST-ZIP	Summerland Key 71-33042
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ruth Bevis
4.3 STREET ADDRESS	30315. Flamingo Lane
4.4 CITY-ST-ZIP	Big Pine Key 71 33043
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 R. D. Hansen DATE 4-18-97

CR2E037 (9/96)