

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42130** (7)
1. Corporation Name
LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business LOWERKEYS PROPERTY OWNERS ASSOC INC P O BOX 430420 BIG PINE KEY FL 33043 US	Mailing Address P.O. BOX 430212 BIG PINE KEY FL 33043 US
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3. Date Incorporated or Qualified 02/15/1991	
4. FEI Number 59-2035632	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent HEISER, DICK 1680 HELENS BIG PINE KEY FL 33043	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code FL

10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISER, DICK	1.2 NAME	
STREET ADDRESS	1680 HELENS	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, TED	2.2 NAME	
STREET ADDRESS	1683 CANAL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, WM	3.2 NAME	
STREET ADDRESS	22786 JOLLY ROGERS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, NEVA	4.2 NAME	
STREET ADDRESS	P O BOX 430420 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, DICK	5.2 NAME	
STREET ADDRESS	RT 5 BOX 889 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERMA FOR	6.2 NAME	
STREET ADDRESS	38015 FLAMINGO LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Neve Bishop (Neve Bishop)* 4/1/98 892-4352

CR2E037 (1097)