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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42580** (3)

1. Corporation Name  
**FLORIDA KEYS CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS OF THE NATIONAL ASSOCIATION OF REALTORS,**

Principal Place of Business

Mailing Address

P.O. BOX 366  
88765 OVERSEAS HWY  
ISLAMORADA FL 33036

P.O. BOX 579  
TAVERNIER FL 33037



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/15/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

MIKLAS, JOE  
88765 OVERSEAS HWY.  
ISLAMORADA FL 33036

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME SAWDY, ANGIE  
STREET ADDRESS 101925 OVERSEAS HWY.  
CITY-ST-ZIP KEY LARGO FL

TITLE DVP ☒ DELETE

NAME WARNER, SHARON  
STREET ADDRESS 99550 OVERSEAS HWY.  
CITY-ST-ZIP KEY LARGO FL

TITLE DS ☒ DELETE

NAME STANTON, MARY  
STREET ADDRESS 102800 OVERSEAS HWY.  
CITY-ST-ZIP KEY LARGO FL

TITLE DT ☐ DELETE

NAME SOMERS, CHARLOTTE  
STREET ADDRESS 103330 OVERSEAS HWY.  
CITY-ST-ZIP KEY LARGO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Warner, Sharon  
1.3 STREET ADDRESS 99550 Overseas Hwy  
1.4 CITY-ST-ZIP Key Largo, FL 33037

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME Carol Betts Kellen  
2.3 STREET ADDRESS 41 Ocean Drive  
2.4 CITY-ST-ZIP Key Largo, FL 33037

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Kelly Scott  
3.3 STREET ADDRESS 85442 Overseas Hwy  
3.4 CITY-ST-ZIP Islamorada, FL 33037

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Charlotte Somers

2/24/98 (305) 451-2000

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