

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90219 024 ****61.25

DOCUMENT # N42580

1. Corporation Name

FLORIDA KEYS CHAPTER OF THE WOMEN'S COUNCIL OF R
EALTORS OF THE NATIONAL ASSOCIATION OF REALTORS.

Principal Place of Business

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

Mailing Address

P.O. BOX 579
TAVERNIER FL 33037



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

MIKLAS, JOE
88765 OVERSEAS HWY.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

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
NAME WARNER, SHARON
STREET ADDRESS 99550 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL 33037

DELETE

TITLE DVP
NAME KELLER, CAROL BETTS
STREET ADDRESS 41 OCEAN DRIVE
CITY-ST-ZIP KEY LARGO FL 33037

DELETE

TITLE DS
NAME SCOTT, KELLY
STREET ADDRESS 85992 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL 33037

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP Keller, Carol Betts
1.2 NAME
1.3 STREET ADDRESS 41 Ocean Dr
1.4 CITY-ST-ZIP Key Largo, FL 33037

Change Addition

2.1 TITLE DVP Scott, Kelly
2.2 NAME
2.3 STREET ADDRESS P.O. Box 1634
2.4 CITY-ST-ZIP Islamorada, FL 33037

Change Addition

3.1 TITLE DS Sazama, Carey
3.2 NAME
3.3 STREET ADDRESS 101925 O/S Hwy
3.4 CITY-ST-ZIP Key Largo, FL 33037

Change Addition

4.1 TITLE DT Charlotte Somers
4.2 NAME
4.3 STREET ADDRESS P.O Box 2808
4.4 CITY-ST-ZIP Key Largo, FL 33037

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

Charlotte Somers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (305) 451-2000

0027037

CR2E037 (11/98)