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Feb 12 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 # **N50832** (7)

1. Corporation Name

FLORIDA KEYS RENAISSANCE FAIRE, INC.

Principal Place of Business

Mailing Address

**6803 OVERSEAS HIGHWAY
MARATHON FL 33050**

**P O BOX 504306
MARATHON FL 33050
US**



3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

65-0313250

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRWAN, DAVID P.
6803 OVERSEAS HIGHWAY
MARATHON FL 33050**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P STAYDUHAR, ROSEMARY**

1.2 NAME

STREET ADDRESS **RT. 1, BOX 605**

1.3 STREET ADDRESS **131 Orange Avenue**

CITY-ST-ZIP **MARATHON FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **STAYDUHAR, ROSEMARY**

2.2 NAME **Secretary**

STREET ADDRESS **RT. 1, BOX 605**

2.3 STREET ADDRESS **131 Orange Avenue**

CITY-ST-ZIP **MARATHON FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D LANGNER, PAULA**

3.2 NAME

STREET ADDRESS **29 CHARLES ST**

3.3 STREET ADDRESS

CITY-ST-ZIP **DANVERS MA**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **MICKEY, WILLIAM**

4.2 NAME **Director**

STREET ADDRESS **2026 HARBOR DR**

4.3 STREET ADDRESS

CITY-ST-ZIP **MARATHON FL**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **PULIS, JOANNE**

5.2 NAME

STREET ADDRESS **RT 1 BOX 609**

5.3 STREET ADDRESS **171 Orange Avenue**

CITY-ST-ZIP **MARATHON FL**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **VP MAYBEE, TERESA**

6.2 NAME

STREET ADDRESS **5409 WASHINGTON RD**

6.3 STREET ADDRESS

CITY-ST-ZIP **DELRAY BCH FL**

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-ST-ZIP

7.4 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: **Rosemary Stayduhar** **Rosemary Stayduhar** **1/22/98** **305-743-4386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25037 (10/97)