

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 AM 9:37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000005401 (3)

1. Corporation Name

BAHAMA CONCH COMMUNITY LAND TRUST OF KEY WEST, INC.

Principal Place of Business

Mailing Address

325 JULIA STREET
KEY WEST FL 33040

C/O 2413 STAPLES AVENUE
KEY WEST FL 33040
US

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

65-0681293

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, NORMA JEAN
325 JULIA STREET
KEY WEST FL 33040

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 D CAREY, DONALD G ☒ DELETE
NAME
STREET ADDRESS 419 VIRGINIA STREET
CITY-ST-ZIP KEY WEST FL 33040

1.1 TITLE TREASURER ☐ Change ☒ Addition
1.2 NAME DAVID H. HOLTZ
1.3 STREET ADDRESS 1908 Staples Avenue
1.4 CITY-ST-ZIP KEY WEST, FL 33040

TITLE D MILLER, BRENDA J ☐ DELETE
NAME
STREET ADDRESS 750 AVENUE F
CITY-ST-ZIP BIG COPPIT KEY FL 33040

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 000002553720--0
2.3 STREET ADDRESS -06/09/98--01121--001
2.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE D WEED, AUWINA S ☐ DELETE
NAME
STREET ADDRESS 405 WILLIAM STREET
CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 DAVID H. HOLTZ 8/28/98 305 227

CR2E037 (10/97)