

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Sep 11 1997 8:00am  
Secretary of State

DOCUMENT # **N960000000008 (0)**

1. Corporation Name

**THE DOVE OF THE FLORIDA KEYS, INC.**

Principal Place of Business

Mailing Address

COUNTY ROAD LOT 4  
SEAHORSE TRAILER PARK  
BIG PINE KEY FL 33043

COUNTY ROAD LOT 4  
SEAHORSE TRAILER PARK  
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**01/02/1996**

4. FEI Number

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**

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 **PO BOX 430236**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 **33043-0236**

30

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VURAL, EROL M  
25050 OVERSEAS HIGHWAY SECOND FLOOR  
BARNETT BANK BLDG.  
SUMMERLAND KEY FL 33042**

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** ☐ DELETE

NAME **SPOONER, DEB**  
STREET ADDRESS **POST OFFICE BOX 430662 N/A**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE **D** ☒ DELETE

NAME **SPOONER, JAMES L**  
STREET ADDRESS **POST OFFICE BOX 430662 N/A**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE **D** ☒ DELETE

NAME **BARKER, REBECCA**  
STREET ADDRESS **POST OFFICE BOX 430662 N/A**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

**P/D**

**LING, DEB**

**POST OFFICE BOX 430236 N/A**

**BIG PINE KEY, FL 33043-0236**

**V/D**

**SMITH, WAYNE**

**POST OFFICE BOX 430236 N/A**

**BIG PINE KEY FL 33043-0236**

**S/D**

**SINGLETARY, TONYA**

**POST OFFICE BOX 430236 N/A**

**BIG PINE KEY FL 33043-0236**

14. I do 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 REQUIRED

CP2E037 (4/97)