

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # **N97000000083 (2)**

1. Corporation Name

TAXPAYERS FOR THE ELECTRIFICATION OF NO NAME KEY, INC.



Principal Place of Business 1600 TORTUGUS LANE NO NAME KEY FL 33040	Mailing Address 1600 TORTUGUS LANE NO NAME KEY FL 33040
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2. Principal Place of Business 21 32723 TORTUGA LANE Suite, Apt. #, etc. 22 City & State 23 NO NAME KEY Zip 24 FL Country 25 USA	2a. Mailing Address 26 32723 TORTUGA LN Suite, Apt. #, etc. 27 City & State 28 NO NAME KEY Zip 29 33043 Country 30 USA
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3. Date Incorporated or Qualified 01/07/1997	4. FEI Number 65-0604079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D P.A. 5800 OVERSEAS OVERSEAS HIGHWAY SUITE 40 MARATHON FL 33050	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
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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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICZEK, ADLONA	1.2 NAME	
STREET ADDRESS	1252 CHINOCK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80303	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMM, ROGER	2.2 NAME	
STREET ADDRESS	828 SUFFOLK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD NY 11717	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMON, BARBARA	3.2 NAME	DAMON BARBARA
STREET ADDRESS	1600 TORTUGUS LANE	3.3 STREET ADDRESS	32723 TORTUGA LANE
CITY-ST-ZIP	NO NAME KEY FL 33040	3.4 CITY-ST-ZIP	NO NAME KEY FL 33043
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Barbara Damon** : **BARBARA DAMON** 3/30/98 305-872-3306

CR2E037 (10/97)