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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005173					
1. Corporation Name CORAL KEYS TOWNHOMES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 114 PALMETTO STREET SUITE 6 DESTIN FL 32541		Mailing Address 114 PALMETTO STREET SUITE 6 DESTIN FL 32541			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/10/1998 4. FEI Number 59-3533394 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KEENER, DON 114 PALMETTO STREET SUITE 6 DESTIN FL 32541			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 <i>(Signature)</i> DATE <i>(Date)</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME DAVIS, WHITNEY STREET ADDRESS 114 PALMETTO STREET SUITE 6 CITY-ST-ZIP DESTIN FL 32541			1.1 TITLE ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 625 HWY 98 E. SUITE 9 1.4 CITY-ST-ZIP DESTIN, FL 32541		
TITLE ☐ DELETE NAME DUNN, WILL STREET ADDRESS 114 PALMETTO STREET SUITE 6 CITY-ST-ZIP DESTIN FL 32541			2.1 TITLE ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 625 HWY 98 E. SUITE 9 2.4 CITY-ST-ZIP DESTIN, FL 32541		
TITLE ☐ DELETE NAME KEENER, DON STREET ADDRESS 114 PALMETTO STREET SUITE 6 CITY-ST-ZIP DESTIN FL 32541			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 registered 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 for each appointment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)