

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90097 030 \*\*\*150.00

**DOCUMENT # P98000088974**

1. Entity Name  
**SUNHAVEN HOMES OF THE KEYS, INC.**



Principal Place of Business  
**22968 OVERSEAS HIGHWAY  
CUDJOE KEY, FL 33042**

Mailing Address  
**22968 OVERSEAS HIGHWAY  
CUDJOE KEY, FL 33042**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0885744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**5. Name and Address of Current Registered Agent**

**HOLTRY, ROBERT L  
326 SAWYER DRIVE  
CUDJOE KEY, FL 33042**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable...

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLTRY, JULIA 701 SPANISH MAIN DR. #293 CUDJOE KEY, FL 33042
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLTRY, FRANK M 701 SPANISH MAIN DR. #293 CUDJOE KEY, FL 33042
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTRY, ROBERT L 326 SAWYER DRIVE CUDJOE KEY, FL 33042
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERNE, MICHAEL S 29525 FLYING CLOUD AVENUE BIG PINE KEY, FL 33043
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert Holtry **Robert Holtry** 1-21-04 305-745-4437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #