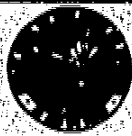


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 713894

(4)

1. Corporation Name

GOLD KEY CLUB, INC.

Principal Place of Business

**2851 N.W. 68TH AVE.
SUNRISE FL 33313**

Mailing Address

**2851 N.W. 68TH AVE.
SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1967

3a. Date of Last Report
04/18/1994

4. FEI Number
59-1514608

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ 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

**ERICKSON, ANNA L
2700 NORTH WEST 69TH AVENUE
SUNRISE FL 33313**

81 Name **BARNETT, ROBERT**

82 Street Address (P.O. Box Number is Not Acceptable)
6886 N.W. 28th STREET

83

84 City **SUNRISE**

FL

85 Zip Code
33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

Robert Barnett
Signature, typed or printed name of registered agent and fee if applicable.

ROBERT BARNETT, PRESIDENT GOLD KEY CLUB, INC. 04/12/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ERICKSON, ANNA L**
STREET ADDRESS **2700NW 69TH AVE.**
CITY-ST-ZIP **SUNRISE FL 33313-2022**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
BARNETT, ROBERT
6886 N.W.28th STREET
SUNRISE, FL 33313-2022

☒ Change ☐ Addition

TITLE **TD**
NAME **SORENSEN, EVA D**
STREET ADDRESS **6827 N.W. 28TH STREET**
CITY-ST-ZIP **SUNRISE FL 33313-2022**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD
TAYLOR, MADELINE G
6856 N.W.26th STREET
SUNRISE, FL 33313-2022

☒ Change ☐ Addition

TITLE **DV**
NAME **GAHRING, DEBRA**
STREET ADDRESS **2985 NW 69TH AVE**
CITY-ST-ZIP **SUNRISE FL**

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

DV
AGLIONE, SALVATORE
6821 N.W. 28th STREET
SUNRISE, FL 33313-2022

☒ Change ☐ Addition

TITLE **SD**
NAME **DUNKEL, BERGER**
STREET ADDRESS **6858 NW 29TH**
CITY-ST-ZIP **SUNRISE FL**

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

SD
NOVAK, PATRICIA
6823 N.W. 27th COURT
SUNRISE, FL 33313-2022

☒ Change ☐ Addition

TITLE **D**
NAME **MALONEY, JUANITA**
STREET ADDRESS **6851 NW 28TH ST**
CITY-ST-ZIP **SUNRISE FL**

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

D
DUNKELBERGER, ROSE
6858 N.W. 29th STREET
SUNRISE, FL 33313-2022

☒ Change ☐ Addition

TITLE **FSD**
NAME **AGLIONE, VIRGINIA**
STREET ADDRESS **6821 NW 28TH ST**
CITY-ST-ZIP **SUNRISE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

FSD
AGLIONE, VIRGINIA
6821 N.W. 28th STREET
SUNRISE, FL 33313-2022

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Madeline G. Taylor* **MADELINE G. TAYLOR, TREASURE**

04/12/95 305-748-4484

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

(Anytime Phone #)