

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 729339 (2)**  
1. Corporation Name  
**KEY WEST SAILING CLUB, INC.**



Principal Place of Business Mailing Address  
**703 PALM AVE. 703 PALM AVE.**  
**P.O. BOX 828 P.O. BOX 828**  
**KEY WEST FL 33041 KEY WEST FL 33041**

3. Date Incorporated or Qualified **04/11/1974** 3a. Date of Last Report **02/13/1995**  
4. FEI Number **59-2813351** 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 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 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**GARRIQUES, IAN**  
**1111 12TH ST, STE. 104**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent  
81 Name **GLENN A. SIKES**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**3729 EAGLE AV**  
83  
84 City **Key West** FL 85 Zip Code **33040**

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]* **GLENN A SIKES** **TREASURER** **2/18/94**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WHITEHEAD, BILL</b>
STREET ADDRESS	<b>P.O. BOX 828 N/A</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARY, LINDUY</b>
STREET ADDRESS	<b>P.O. BOX 828 N/A</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BASEL, MARROW</b>
STREET ADDRESS	<b>701 PALM AVE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>MACF</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MACFOUL, BASIL</b>
STREET ADDRESS	<b>P.O. BOX 828</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GARRIQUES, IAN</b>
STREET ADDRESS	<b>P.O. BOX 828</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KUYPERS, BILL</b>
STREET ADDRESS	<b>2214 SEIDENBERG AVE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MARK MILNES</b>
2.3 STREET ADDRESS	<b>RT 6 BOX 775 G</b>
2.4 CITY - ST - ZIP	<b>BIG PINE KEY FL 33043</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BASIL MARKOW</b>
3.3 STREET ADDRESS	<b>1415 PETRONIA</b>
3.4 CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GLENN A. SIKES</b>
5.3 STREET ADDRESS	<b>3729 EAGLE AV</b>
5.4 CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HAL SCHUMACHER</b>
6.3 STREET ADDRESS	<b>PO BOX 6354</b>
6.4 CITY - ST - ZIP	<b>KEY WEST FL 33041-6354</b>

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 119.07(3)(k), 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 a 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: *[Signature]* **2/18/94** **3052995531x4771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)