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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 703 PALM AVE. P.O. BOX 828 KEY WEST FL 33041  
Mailing Address: 703 PALM AVE. P.O. BOX 828 KEY WEST FL 33041-0828

3. Date Incorporated or Qualified: 04/11/1974  
3a. Date of Last Report: 02/26/1996  
4. FEI Number: 59-2813351  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: 21 703 PALM AVE. 22 Suite, Apt. #, etc.  
23 City & State: KEY WEST, FL 24 Zip: 33041 25 Country: U.S.A.  
2a. Mailing Address: 26 P.O. Box 828 27 Suite, Apt. #, etc.  
28 City & State: KEY WEST, FL 29 Zip: 33041-0828 30 Country: U.S.A.

9. Name and Address of Current Registered Agent: SIKES, GLENN A. 3729 EAGLE AVENUE KEY WEST FL 33040  
10. Name and Address of New Registered Agent: 81 Name: SCHMIDA, WALTER G. 82 Street Address (P.O. Box Number is Not Acceptable): 1522 GEORGIA ST. 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] WALTER G. SCHMIDA TREASURER 1/9/97  
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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, BILL	1.2 NAME	FRANCISCO, LARRY
STREET ADDRESS	P.O. BOX 828 N/A	1.3 STREET ADDRESS	20878 5TH AVE, W.
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	CUJOE KEY, FL, 33042
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNES, MARK	2.2 NAME	
STREET ADDRESS	RT 5 BOX 775G N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASIL, MARKOW	3.2 NAME	
STREET ADDRESS	1415 PETRONIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, GLENN A.	4.2 NAME	SCHMIDA, WALTER G.
STREET ADDRESS	3729 EAGLE AVENUE	4.3 STREET ADDRESS	1522 GEORGIA ST.
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL, 33040
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, HAL	5.2 NAME	
STREET ADDRESS	P.O. BOX 6354 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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 do 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: [Signature] WALTER G. SCHMIDA JAN 9/97 305-294-3040

CR2E037 (9/96)