NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 729339

1. Corporation Name

KEY WEST SAILING CLUB, INC.

Principal Place of Business Mailing Address P O BOX 828 KEY WEST FL 33041 428 List West FL 33040 428 List West FL 33041 428 List West FL 33041 428 List West FL 33040 428 List West
703 PALM AVE P.O. BOX 928 KCY WEST FL 33041 928 US 2. Principal Place of Business 2. Mailing Address 04/11/1974
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Suite, Apt. #, etc. Suite, Apt. #, etc.
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Zip Zip Zip Zip Country Zip Country S. Election Campaign Financing S. O. May Be Added to Fees S. O. Ma
25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named 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. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. PD 15. ITILE 16. PD 17. STREET ADDRESS 20878 5TH AVE W 13. STREET ADDRESS 20878 5TH AVE W CADJOE KEY FL 14. CITY-ST-ZP Change 14. CITY-ST-ZP Change 15. Change 16. Change 17. Addition 18. Name 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for New Agent Acceptable of the Address (P.O. 50x Number is Not Acceptable) 12. Suppose a provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for New Agent Agen
24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Nilver G. Joan 82 Street Address (P.O. Box Number is Not Acceptable) 1522 GEORGIA ST KEY WEST FL 33040 84 City Summerland Key FL 85 Zip Code 33042 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 12. NAME FRANCISCO, LARRY 12. NAME FRANCISCO, LARRY 12. NAME FRANCISCO, LARRY 13. STREET ADDRESS 20878 5TH AVE W CITY-ST-ZP CADJOE KEY FL 14. CITY-ST-ZP CADJOE KEY FL 14. CITY-ST-ZP Change PAddition NAME MILNES, MARK 10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Trust Fund Contribution 14. City Submerland Address of New Registered Agent 15. Name Number and Address of New Registered Agent 16. Name Address of New Registered Agent 18. Name Number is Not Acceptable) 18. Name Number is Not Acceptable) 18. Name Number is Not Acceptable) 18. Name Address of New Registered Agent 19. Open Addition 19. Name Number is Not Acceptable) 19. Date Deletered 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 18. Name Number is Not Acceptable) 18. Name Number is Not Acceptable) 18. Name number of New Registered Agent 19. Open Agent Agent A
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(GG CAUP/24CEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-292-6651

Aug 12, 1999 8:00 am § Secretary of State

08-12-1999 90006 017 ****61.25