

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729339

1. Corporation Name
KEY WEST SAILING CLUB, INC.

Principal Place of Business 703 PALM AVE P.O. BOX 828 KEY WEST FL 33041 US	Mailing Address P O BOX 828 KEY WEST FL 33041-828 US
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604872-90006-17



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2813351
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHMIDA, WALTER G
 1522 GEORGIA ST
 KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name **Miller G. Joan**
 82 Street Address (P.O. Box Number is Not Acceptable)
19509 Tequesta St.
 83 **0**
 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 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 G. Joan Miller G. Joan Miller, Treasurer DATE 7/27/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	FRANCISCO, LARRY	
STREET ADDRESS	20878 5TH AVE W	
CITY-ST-ZIP	CADJOE KEY FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MILNES, MARK	
STREET ADDRESS	RT 5 BOX 775G	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BASIL, MARKOW	
STREET ADDRESS	1415 PETRONIA	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	SCHMIDA, WALTER G	
STREET ADDRESS	1522 GEORGIA ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Lindas Mark		<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	2915 Patterson Ave.		
1.4 CITY-ST-ZIP	Key West, Fl. 33040		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Smittle, John		
2.3 STREET ADDRESS	20963 7th Ave.		
2.4 CITY-ST-ZIP	Cudjoe Key Fl. 33042		
3.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Bender, Bert		
3.3 STREET ADDRESS	619 Elizabeth St.		
3.4 CITY-ST-ZIP	Key West Fl. 33040		
4.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Miller, G. Joan		
4.3 STREET ADDRESS	19509 Tequesta St.		
4.4 CITY-ST-ZIP	Summerland Key Fl. 33042		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: G. Joan Miller **REQUIRED** DATE 7/27/99 DAYTIME PHONE # 305-292-6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)

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