2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729339

FILED Jul 16, 2005 Secretary of State

Entity Name: KEY WEST SAILING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

703 PALM AVE P.O.BOX 828

KEY WEST, FL 33041 US

New Mailing Address: Current Mailing Address:

P O BOX 828

Name:

KEY WEST, FL 33041828 US

FEI Number: 59-2813351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CURRAN, NANCY OATWAY, DAVE PO BOX 761 703 PALM AVE

KEY WEST, FL 33041 KEY WEST, FL 33040 US US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID OATWAY 07/16/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

THIESEN, THOMAS OATWAY, DAVID Name: Name: 1919 VENETIA STREET Address: 623 SIMONTON Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete Title: VC (X) Change () Addition ADAMS, TIMOTHY Name: SMITTLE, JOHN Name:

Address: 1911 VENETIA STREET Address: 20963 7TH AVE WEST City-St-Zip: KEY WEST, FL 33040 City-St-Zip: SUMMERLAND KEY, FL 33042

Title: () Delete Title: TD (X) Change () Addition

CURRAN, NANCY GILL, DENNIS Name: Name:

7009 SHRIMP ROAD #15 Address: PO BOX 761 Address: City-St-Zip: KEY WEST, FL 33041 City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Delete Title: () Change () Addition

KARA, ART Name: Address: 7 HANTS LANE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GILL TD 07/16/2005