

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729339

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: KEY WEST SAILING CLUB, INC.

**Current Principal Place of Business:**

703 PALM AVE  
P.O.BOX 828  
KEY WEST, FL 33041 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 828  
KEY WEST, FL 33041828 US

**New Mailing Address:**

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

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

OATWAY, DAVE  
703 PALM AVE  
KEY WEST, FL 33040 US

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

CURRAN, NANCY  
1113 GRINNELL ST  
REAR  
KEY WEST, FL 33040 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: NANCY J. CURRAN

04/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CO ( ) Delete  
Name: OATWAY, DAVID  
Address: 623 SIMONTON  
City-St-Zip: KEY WEST, FL 33040

Title: VC ( ) Delete  
Name: SMITTLE, JOHN  
Address: 20963 7TH AVE WEST  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TD ( ) Delete  
Name: GILL, DENNIS  
Address: 7009 SHRIMP ROAD #15  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CURRAN, NANCY  
Address: 1113 GRINNELL ST, REAR  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NANCY J. CURAN

TR

04/05/2006

Electronic Signature of Signing Officer or Director

Date