


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 015 ****70.00

DOCUMENT # 729339			
1. Entity Name KEY WEST SAILING CLUB, INC.			
Principal Place of Business 705 PALM AVE KEY WEST, FL 33040 <i>JK</i>		Mailing Address P O BOX 828 KEY WEST, FL 33041-828 <i>JK</i>	
2. Principal Place of Business - No P.O. Box # <i>705 PALM AVE</i>		3. Mailing Address <i>P.O. Box 828</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>KEY WEST, FL</i>		City & State <i>KEY WEST, FL</i>	
Zip <i>33040</i>	Country <i>MONROE</i>	Zip <i>33041-0828</i>	Country <i>MONROE</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCVEIGH, ROGER 627 SIMONTON ST KEY WEST KEY WEST, FL 33040		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>ROGER MCVEIGH</i> <i>R</i> <i>TREASURER</i>		DATE <i>1/23/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		SEE ATTACHMENT Make check payable to Florida Department of State <i>I</i>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO OATWAY, DAVID 623 SIMONTON KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PTD</i> DAVE OATWAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 SIMONTON STREET KEY WEST, FL 33040-6896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SMITTLE, JOHN <input checked="" type="checkbox"/> Delete 20963 7TH AVE WEST SUMMERLAND KEY, FL 33042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> CURTIS CRAIG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FLEMING KEY KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCVEIGH, ROGER <input type="checkbox"/> Delete 627 SIMONTON ST KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i> ROGER MCVEIGH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 627 SIMONTON STREET KEY WEST, FL 33040-6896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> ED GULLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 N. ROOSEVELT BLVD TARRON #28 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/D</i> TRUDIE FICKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 285 SAWYER DRIVE CND JOE KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> HUGH JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2402 STAPLES AVENUE KEY WEST, FL 33040
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>ROGER MCVEIGH</i> <i>R</i> <i>TREASURER</i>		DATE <i>1/23/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <i>305-292-4828</i>	

ATTACHMENT #1

40011312

#729339

VP/D

ART KARA

918 CORNISH LANE APT#2

KEY WEST, FL 33040

VP/D

JOHN CONNORS

715 ASHE STREET

KEY WEST, FL 33040

VP/D

TRICE DENNY

1016 WATSON STREET

KEY WEST, FL 33040

D

LENNY CAREY

19509 TEQUESTA ST

SUGARLOAF KEY, FL 33042

- 3122

D

NANCY CURRAN

724 ASHE STREET

KEY WEST, FL 33040

D

JOANN MURRAY

5517 5TH AVENUE

KEY WEST, FL 33040