

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729339

FILED
Jan 14, 2009
Secretary of State

Entity Name: KEY WEST SAILING CLUB, INC.

Current Principal Place of Business:

705 PALM AVE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 828
KEY WEST, FL 33041828 US

New Mailing Address:

PO BOX 828
KEY WEST, FL 330410828 US

FEI Number: 59-2813351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCVEIGH, ROGER
627 SIMONTON ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MCVEIGH, ROGER
627 SIMONTON ST
KEY WEST, FL 330406896 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:

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMULLEN, DAVE
Address: 1512 17TH TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: WALDRON, MATT
Address: 47 BAY DRIVE
City-St-Zip: KEY WEST, FL 330406114

Title: TD () Delete
Name: MCVEIGH, ROGER
Address: 627 SIMONTON STREET
City-St-Zip: KEY WEST, FL 330406896

Title: SD () Delete
Name: THEISEN, TOM
Address: 1919 VENETIA ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ALEXANDER, JOHN
Address: 1009 SOUTHARD ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BRAUN, NEIL
Address: 106 OLIVIA STREET #2
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: JOHNSON, HUGH
Address: 2402 STAPLES AVE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: ROGER MCVEIGH

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date