## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N02000007777** 

1. Entity Name

KEEWAYDIN ISLAND LODGE & CLUB, INC.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34102 Mailing Address

1001 LIBERTY AVE

STE 850 PITTSBURGH, PA 15222-3716



03142008 No Chg-NP

. CR2E037 (4/06)

4. FEI Number 43-1990620

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 DO NOT WRITE IN THIS SPACE

the obliga	named entity submits this statement for the plans of registered agent.	ourpose of changing its registe	red office or registered agent, or	both, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature; typed or printed name of registered agent and little	f applicable (NOTE Register	ed Agent signature required when reinstating)	DATE	
	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Fina Trust Fund Contribution			
10.	OFFICERS AND DIRECTORS		, in the same of t	· 最高 等 医线 93 打 5	P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, RHODORA J C/O SUITE 850, 1001 LIBERTY AVEN PITTSBURGH, PA 152223716	UE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTON, RHODORA D C/O SUITE 850, 1001 LIBERTY AVEN PITTSBURGH, PA 152223716	UE		05/22/08-8009	12003 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEY, MARIBETH D C/O SUITE 850, 1001 LIBERTY AVEN PITTSBURGH, PA 152223716	UE	DC	) NOT WRI	re.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ORAZIO, ALFONSO C C/O SUITE 850, 1001 LIBERTY AVEN PITTSBURGH, PA 152223716	UE		THIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, JANET O C/O SUITE 850, 1001 LIBERTY AVENI PITTSBURGH, PA 152223716	UE	The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, PATRICK K C/O SUITE 850, 1001 LIBERTY AVENI PITTSBURGH, PA 152223716				

12. Thereby 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 of an attactified with an address, with all other life empowered.

**SIGNATURE** 

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 412-471-6420

Daytime Phone #