


FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001587 (1)**  
1. Corporation Name  
**PEN KEY CLUB, INC.**

Principal Place of Business <b>M.M. 83.1 OVERSEAS HIGHWAY ISLAMORADA FL 33036</b>	Mailing Address <b>P.O. BOX 1089 ISLAMORADA FL 33036</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/17/1997</b>
<b>4.</b> FEI Number <b>59-0855006</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**MILLS, BEN**  
**83200 OVERSEAS HIGHWAY**  
**ISLAMORADA FL 33036**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>D</b> <b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE	<b>NAME</b> <b>DR. BARRY CHAPPEL</b>
<b>STREET ADDRESS</b> <b>M.M. 83.1 OVERSEAS HWY.</b>	
<b>CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>TITLE</b> <b>D</b> <b>DR. KNOT NORM</b> <input checked="" type="checkbox"/> DELETE	<b>NAME</b> <b>DIRECTOR</b>
<b>STREET ADDRESS</b> <b>P.O. BOX 1168</b>	
<b>CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>TITLE</b> <b>D</b> <b>ERNEST L. MUNSEY</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>P.O. BOX 1398</b>
<b>STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>TITLE</b> <b>D</b> <b>BILL BREON</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>P.O. BOX 1041</b>
<b>STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>TITLE</b> <b>D</b> <b>DR. GEORGE MORRICE</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>P.O. BOX 1102</b>
<b>STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b> <b>D</b> <b>MAC MACLAUGHLIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> <b>PRESIDENT</b>
<b>1.2 STREET ADDRESS</b> <b>P.O. BOX 1125</b>	
<b>1.3 CITY-ST-ZIP</b> <b>ISLAMORADA FL 33036</b>	
<b>2.1 TITLE</b> <b>D</b> <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> <b>MIKE OVEER</b>
<b>2.2 STREET ADDRESS</b> <b>P.O. BOX 1489</b>	
<b>2.3 CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>3.1 TITLE</b> <b>D</b> <b>ERNEST L. MUNSEY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>P.O. BOX 1398</b>
<b>3.2 STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>3.3 CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>4.1 TITLE</b> <b>D</b> <b>BILL BREON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>P.O. BOX 1041</b>
<b>4.2 STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>4.3 CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>5.1 TITLE</b> <b>D</b> <b>DR. GEORGE MORRICE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>P.O. BOX 1102</b>
<b>5.2 STREET ADDRESS</b> <b>ISLAMORADA, FL 33036</b>	
<b>5.3 CITY-ST-ZIP</b> <b>ISLAMORADA, FL 33036</b>	
<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>6.2 STREET ADDRESS</b>	
<b>6.3 CITY-ST-ZIP</b>	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **ERNEST L. MUNSEY** **305-664-**

CR2E037 (10/97)