

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90016 043 ****61.25

DOCUMENT # N97000001587

1. Entity Name

PEN KEY CLUB, INC.



Principal Place of Business

M.M. 83.1 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 1089
ISLAMORADA FL 33036

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0855006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUETT, DAREL
36 PEN KEY CLUB
83200 OVERSEAS HWY.
ISLAMORADA FL 33036

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: TD
NAME: PRUETT, DAREL M.D.
STREET ADDRESS: P.O. BOX 763
CITY-ST-ZIP: ISLAMORADA FL 33036 ☐ Delete

TITLE: D
NAME: SGROI, CARLO
STREET ADDRESS: 20 PEN KEY CLUB
CITY-ST-ZIP: ISLAMORADA FL 33036 ☐ Delete

TITLE: PD
NAME: RODGERS, RODDY
STREET ADDRESS: 83200 OVERSEAS HWY
CITY-ST-ZIP: ISLAMORADA FL 33036 ☐ Delete

TITLE: D
NAME: REDDIN, PETER
STREET ADDRESS: PO BOX 309
CITY-ST-ZIP: ISLAMORADA FL 33036 ☒ Delete

TITLE: VSD
NAME: MASINGALE, CHERYL
STREET ADDRESS: P.O. BOX 1495
CITY-ST-ZIP: ISLAMORADA FL 33036 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DIRECTOR
NAME: JAY JAGOBSON
STREET ADDRESS: 222 ONE 8TH AVE
CITY-ST-ZIP: DELRAY BEACH, FL: 33483 ☐ Change ☒ Addition

TITLE: DIRECTOR
NAME: PETER PROWITT
STREET ADDRESS: 3749 NORTH TAZEWELL ST.
CITY-ST-ZIP: ARLINGTON, VA. 22207 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07

865-539-9100