


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90053 030 ****61.25

DOCUMENT # N99000001235			
1. Entity Name CLUB DUCK KEY, INC.		Principal Place of Business 100 SAN JUAN ST DUCK KEY, FL 33050	
Mailing Address 132 INDIAN DR N 132 INDIES DR N DUCK KEY, FL 33050		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address 132 N INDIES DR	
City & State		Suite, Apt. #, etc.	
City & State Duck Key FL		4. FEI Number 65-0896857	
Zip 33050		Country Monroe	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D 9711 OVERSEAS HWY SUITE 5 MARATHON, FL 33050		7. Name and Address of New Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ANGELO, DENNIS 211 W. SEAVIEW DR DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'Angelo, Dennis 211 W Seaview Dr Duck Key FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOBACK, JIM 180 INDIES DR S DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Boback, Jim 180 INDIES DR S DUCK KEY, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIDLING, CHRISTINE 132 N INDIES DR DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD GAMACHE 243 W SEAVIEW DR DUCK KEY FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, TOMMY 340 EAST SEAVIEW DR DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBOLES, GLORIA 240 W SEAVIEW DR DUCK VIEW, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, ROB 119 BAHAMA DR S DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Christine Seidling, Treasurer</i>		Date: <i>1/16/08</i> Daytime Phone #: <i>3057430004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	