

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000080356

**Entity Name:** FLORIDA KEYS SAILING ADVENTURES, INC.

**Current Principal Place of Business:**

1144 EXECUTIVE COVE DRIVE  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

1144 EXECUTIVE COVE DRIVE  
SAINT JOHNS, FL 32259 US

**FEI Number: 83-2318709**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FINK, ELI H JR.  
1144 EXECUTIVE COVE DRIVE  
SAINT JOHNS, FL 32259 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name FINK, ELI H JR.  
Address 1144 EXECUTIVE COVE DRIVE  
City-State-Zip: SAINT JOHNS FL 32259

Title VP  
Name FINK, ELI H JR.  
Address 1144 EXECUTIVE COVE DRIVE  
City-State-Zip: SAINT JOHNS FL 32259

Title SEC  
Name FINK, ELI H JR.  
Address 1144 EXECUTIVE COVE DRIVE  
City-State-Zip: SAINT JOHNS FL 32259

Title TRES  
Name FINK, ELI H JR.  
Address 1144 EXECUTIVE COVE DRIVE  
City-State-Zip: SAINT JOHNS FL 32259

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ELI FINK**

**PRESIDENT**

**02/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date