## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 328653

(1)

KEY COLONY BEACH GOLF CLUB INC. Principal Place of Business Mailing Address 716 KEY COLONY BCH 716 KEY COLONY BCH KEY COLONY BEACH FL 33051 KEY COLONY BEACH FL 33051 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1259736 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, RALPH F. 81 Name 130 COCOPLUM DR 82 Street Address (P.O. Box Number is Not Acceptable) TREASURE CAY APT 203 83 MARATHON FL 33050 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_ Addition 11 TITLE TITLE SMITH, RALPH F. NAME 1.2 NAME 716 KEY COLONY BCH STREET ADDRESS 1.3 STREET ADDRESS KEY COLONY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SMITH, JOHN A 2.2 NAME 609S. COLONY RD STREET ADDRESS 2.3 STREET ADDRESS **GRAND ISLAND NY** CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition SMITH, S. MARIE 3.2 NAME 130 COCOPLUM DR. STREET ADDRESS 3.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TATLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

S. MARIE SMALL S. Marco

**FILED** 

Mar 03 1998 8:00am

Secretary of State

2-17-98 305.289-5672