

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 328653

1. Corporation Name

KEY COLONY BEACH GOLF CLUB INC.

Principal Place of Business

716 KEY COLONY BCH
KEY COLONY BEACH FL 33051

Mailing Address

716 KEY COLONY BCH
KEY COLONY BEACH FL 33051

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90046 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1968

4. FEI Number

59-1259736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 100 AVE I
Suite, Apt. #, etc.

2a. Mailing Address

26 130 Cocoplum DR.
Suite, Apt. #, etc.

22 MARATHON, FL.
City & State

27 MARATHON, FL.
City & State

23 33050
Zip

Country

28 MARATHON, FL.
Zip

Country

24 ☐ 25 ☐

29 33050

30 ☐

9. Name and Address of Current Registered Agent

SMITH, RALPH F.
130 COCOPLUM DR.
TREASURE CAY APT 203
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME SMITH, RALPH F.
STREET ADDRESS 716 KEY COLONY BCH
CITY-ST-ZIP KEY COLONY BEACH FL

☐ DELETE

TITLE D
NAME SMITH, JOHN A
STREET ADDRESS 609S. COLONY RD
CITY-ST-ZIP GRAND ISLAND NY

☐ DELETE

TITLE STD
NAME SMITH, S. MARIE
STREET ADDRESS 130 COCOPLUM DR.
CITY-ST-ZIP MARATHON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph F. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

305-289-0672

Date

Daytime Phone #

CR2E034 (1/1/98)