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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **701924** (3)

1. Corporation Name

**FLORIDA KEYS OUTBOARD CLUB INC**



Principal Place of Business

Mailing Address

**119 REDWING RD  
TAVERNIER FL 33070**

**119 REDWING RD  
TAVERNIER FL 33070-2236**

3. Date Incorporated or Qualified  
**01/19/1961**

3a. Date of Last Report  
**02/14/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGAN, ROBERT E.  
119 REDWING ROAD  
TAVERNIER FL 33070**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **KELLY, B**  
CITY-ST-ZIP **141 PALO DE ORO**  
**ISLAMORADA FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P**  
1.3 STREET ADDRESS **Orzel, John**  
1.4 CITY-ST-ZIP **87000 Overseas Hwy # 317**  
**ISLAMORADA, FL 33036**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **ORZEL, JOHN**  
CITY-ST-ZIP **87000 OVERSEAS HWY., SLIP 317**  
**ISLAMORADA FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VP**  
2.3 STREET ADDRESS **Nick Samar**  
2.4 CITY-ST-ZIP **175 Kahiki Dr.**  
**Tavernier, FL 33070**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **MCCOMB, T**  
CITY-ST-ZIP **116 GIARDINO DRIVE**  
**ISLAMORADA FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **T**  
3.3 STREET ADDRESS **McComb, T**  
3.4 CITY-ST-ZIP **116 Giardino Dr**  
**Islamorada, Fl. 33036**

TITLE ☐ DELETE  
NAME **CD**  
STREET ADDRESS **MARTIN, JANE**  
CITY-ST-ZIP **115 CORAL AVENUE**  
**TAVERNIER FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **S**  
4.3 STREET ADDRESS **Chris Ryan**  
4.4 CITY-ST-ZIP **10 Flamingo Hammock Rd.**  
**Islamorada, Fl. 33036**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **MCCOMB, BRIAN**  
CITY-ST-ZIP **116 GIARDINO DRIVE**  
**ISLAMORADA FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Bill Stroner**  
5.4 CITY-ST-ZIP **136 Fairwicks Cr.**  
**Tavernier, Fl. 33070**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LEO, AUGIE**  
CITY-ST-ZIP **113 OCEAN LANE**  
**ISLAMORADA FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **John Birch**  
6.4 CITY-ST-ZIP **572 Beach Rd.**  
**Tavernier, Fl. 33070**

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Terrie McComb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/14/96 3056645364**

Date

Daytime Phone # 0025997

CR2E037 (9/96)