


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701924** (3)
1. Corporation Name
FLORIDA KEYS OUTBOARD CLUB INC

Principal Place of Business 119 REDWING RD TAVERNIER FL 33070	Mailing Address 119 REDWING RD TAVERNIER FL 33070
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3. Date Incorporated or Qualified
01/19/1961

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	P <input type="checkbox"/> DELETE
NAME	ORECT, JOHN
STREET ADDRESS	87000 OVERSEAS HIGHWAY, #317
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	VP <input type="checkbox"/> DELETE
NAME	SEMAR, NICK
STREET ADDRESS	175 KAHIKI DRIVE
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	T <input type="checkbox"/> DELETE
NAME	MCCOMB, T
STREET ADDRESS	116 GIARDINO DRIVE
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	S <input type="checkbox"/> DELETE
NAME	RYAN, CHRIS
STREET ADDRESS	10 FLAMINGO HAMMOCK RD.
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	D <input type="checkbox"/> DELETE
NAME	STRANER, BILL
STREET ADDRESS	136 FAIRWICH CT.
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BIRCH, JOHN
STREET ADDRESS	572 BEACH RD.
CITY-ST-ZIP	TAVERNIER FL 33070

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Darryl Jenkins
6.3 STREET ADDRESS	1008 Venetian Blvd.
6.4 CITY-ST-ZIP	Islamorada, FL. 33036

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

[Signature]

3/5/98

305-664-5364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)