

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90083 028 ****61.25

DOCUMENT # 701924

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



2. Principal Place of Business

21 **121 BAYVIEW ISLE DR**

Suite, Apt. #, etc.

22

City & State

23 **ISLAMORADA FL**

Zip

24 **33036**

Country

2a. Mailing Address

26 **121 BAYVIEW ISLE DR**

Suite, Apt. #, etc.

27

City & State

28 **ISLAMORADA, FL**

Zip

29 **33036**

Country

30

3. Date Incorporated or Qualified

01/19/1961

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

REGAN, ROBERT E.
119 REDWING ROAD
TAVERNIER FL 33070

~~REGAN, ROBERT E.~~

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 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** ☒ DELETE

NAME **ORECT, JOHN**
STREET ADDRESS **87000 OVERSEAS HIGHWAY, #317**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **VP** ☐ DELETE

NAME **SEMAR, NICK**
STREET ADDRESS **175 KAHIKI DRIVE**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **T** ☒ DELETE

NAME **MCCOMB, T**
STREET ADDRESS **116 GIARDINO DRIVE**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **S** ☐ DELETE

NAME **RYAN, CHRIS**
STREET ADDRESS **10 FLAMINGO HAMMOCK RD.**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **D** ☐ DELETE

NAME **STRANER, BILL**
STREET ADDRESS **136 FAIRWICH CT.**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☐ DELETE

NAME **JENKINS, DARRLY**
STREET ADDRESS **1008 VENETIAN BLVD**
CITY-ST-ZIP **ISLAMORADA FL 33036**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **MC COMB T**

1.3 STREET ADDRESS **116 GIARDINO DRIVE**

1.4 CITY-ST-ZIP **ISLAMORADA, FL 33036**

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 **ABBOTT K**

3.3 STREET ADDRESS **121 BAYVIEW ISLE DRIVE**

3.4 CITY-ST-ZIP **ISLAMORADA, FL 33036**

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-99 **305** **664-8528**

CR2E037 (11/98)