


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # 701924 1. Entity Name FLORIDA KEYS OUTBOARD CLUB INC	
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Principal Place of Business
410 MAHOGANY CIRCLE
KEY LARGO, FL 33037

Mailing Address
410 MAHOGANY CIRCLE
KEY LARGO, FL 33037



02012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORZELL, JOHN
87200 OVERSEAS HWY F9
ISLAMORADA, FL 33036

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ZIOMEK, DIANE
STREET ADDRESS	101 MILANO DR
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	T
NAME	JOHNSON, DARYL S
STREET ADDRESS	410 MAHOGANY CIRCLE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	P
NAME	ORZEL, JOHN
STREET ADDRESS	87200 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	D
NAME	GONZALEZ, DANA
STREET ADDRESS	145 SAN REMO DR
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	D
NAME	LAUMEISTER, HUGH
STREET ADDRESS	336 COCONUT PALM
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	MARTIN, JANE
STREET ADDRESS	115 CORAL AVE
CITY-ST-ZIP	TAVERNIER, FL 33070

UNNNNN225608
02/11/05-80046-007 \$1.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Orzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/05 305-8520191
Date Daytime Phone #