

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713894

FILED
Mar 27, 2009
Secretary of State

Entity Name: GOLD KEY CLUB, INC.

Current Principal Place of Business:

1145 SAWGRASS CORP PKWY.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1145 SAWGRASS CORP PKWY.
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-1514608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN, LEIGH ESQ
C/O KATZMAN & KORR
1501 NW 49TH ST., STE. 202
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARNER, RONALD
Address: 1145 SAWGRASS CORP PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: NOVAK, PATRICIA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: TYMKE, CAROL
Address: 1145 SAWGRASS CORP PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: DUNKELBERGR, ROSELYN
Address: 1145 SAWGRASS CORP PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: PLUMMER, CHRIS
Address: 1145 SAWGRASS CORP PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: FISHER, VIRGINA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD WARNER

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date