
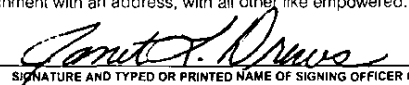


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 041 ****61.25

DOCUMENT # 750472 1. Entity Name KEEL CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3160 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955 US		Mailing Address PO BOX 511028 PUNTA GORDA, FL 33951 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6025 Taylor Road Suite, Apt. #, etc. Suite 2	
City & State Zip		City & State Punta Gorda FL Zip 33950	
Country		Country	
4. FEI Number 59-2053972		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MARSHALL, LARRY 3170 MATECUMBE KEY RD #225 PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DREW, JANIE 3170 MATECUMBE KEY RD. #227 PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BEMISTER, JAMES 10517 WILD WOOD CIRCLE RICHLAND, MI 49083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COOK, LARRY 505 STAND ROCK DR CRAIG, CO 81625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S3 WHALEY, BARBARA 3245 SUGARLEAF KEY REL. #228 PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Sharron Traver-Muzio 3170 Matecumbe Key Road #222 Punta Gorda FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D NICHOLLS, PAUL 68 BOW ST SAUGUS, MA 01906	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Chuck Greenway 3170 Matecumbe Key Rd. #224 Punta Gorda, FL 33955
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-12-08 Date	
		941-575-6592 Daytime Phone #	