


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007777	
1. Entity Name KEEWAYDIN ISLAND LODGE & CLUB, INC.	

Principal Place of Business 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34102	Mailing Address 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE

03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 43-1990620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, RHODORA J C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTON, RHODORA D C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEY, MARIBETH D C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ORAZIO, ALFONSO C C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, JANET O C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, PATRICK K C/O SUITE 850, 1001 LIBERTY AVENUE PITTSBURGH, PA 152223716

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04/27/05-80156-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MICHAEL J. MAGLIO** Sec/Treas. 4/27/05 (412) 471-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #