

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-26-96

4668 C

DOCUMENT # N95000001522 (0)

1. Corporation Name
SHELL KEY BOAT CLUB, INCORPORATED



Principal Place of Business: 3706 BELLE VISTA DR E, ST PETE BEACH FL 33706
Mailing Address: 3706 BELLE VISTA DR E, ST PETE BEACH FL 33706

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			<input checked="" type="checkbox"/> Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24			29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WIRTANEN, GLEN M
3706 BELLE VISTA DR E
ST PETE BEACH FL 33706**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COMMODORE DAVID BERRY
1.3 STREET ADDRESS	734 21ST AVE N
1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE COMMODORE RONALD VELTON
2.3 STREET ADDRESS	572 LILLIAN DRIVE
2.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY LINDA VANINO
3.3 STREET ADDRESS	6000 2ND STREET E, #21
3.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER IAN WEIR
4.3 STREET ADDRESS	312 8TH AVENUE NORTH, #21
4.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR DAVID MIDDLETON
5.3 STREET ADDRESS	1120 PINELLAS BAYWAY, SUITE 203
5.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR GLEN WIRTANEN
6.3 STREET ADDRESS	3706 BELLE VISTA DRIVE EAST
6.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Glen M. Wirtanen GLEN M. WIRTANEN, DIRECTOR 4/21/96 813-228-2842

CR2E037 (12/95)