


FILE NOW: FILING FEE IS \$61.25

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**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/29/1995	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUZEAU, ROBERT 1475 46TH AVE., N.E. ST PETERSBURG FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELTON, RONALD 572 LILLIAN DRIVE MADEIRA BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNIE, SUE 273 HERMOSITA DRIVE ST PETERSBURG BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIR, IAN 312 8TH AVE N #21 TIERRA VERDE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MIDDLETON, DAVID 1120 PINELLAS BAYWAY SUITE 203 TIERRA VERDE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRTANEN, GLEN 3706 BELLE VISTA DRIVE EAST ST PETE BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD Touzeau, Robert 8010 Blind Pass Road St. Pete Beach, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Velton, Ronald 572 Lillian Drive Madeira Beach, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD Sayut, Heidi 4600 Dover Street NE St. Petersburg, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD Singleton, Stephen 8431 7th Street N St. Petersburg, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD Sayut, John 4600 Dover Street NE St. Petersburg, FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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 in an attachment with an address.

SIGNATURE: *Glen M. Wirtanen* **Glen M. Wirtanen, Director** 1/13/98

CH2E037 (10/97)