

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90006 013 \*\*\*\*61.25

DOCUMENT # N95000001522

Corporation Name

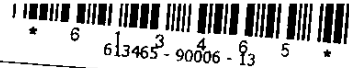
SHELL KEY BOAT CLUB, INCORPORATED

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



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. Name and Address of Current Registered Agent	
25		29		30	
WIRTANEN, GLEN M		3706 BELLE VISTA DR E		ST PETE BEACH FL 33706	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		FL	

I, 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		SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	TOUZEAU, ROBERT			1.2 NAME	ORR, CAROLYN		
REET ADDRESS	8010 BLIND PASS ROAD			1.3 STREET ADDRESS	127 9th STREET EAST		
Y-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715		
LE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	VELTON, RONALD			2.2 NAME	FORBES, Bill		
REET ADDRESS	572 LILLIAN DR			2.3 STREET ADDRESS	7885 CAUSEWAY BLVD. S.		
Y-ST-ZIP	MADEIRA BEACH FL			2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
LE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	SAYUT, HEIDI			3.2 NAME	TESSLER, LEIGH		
REET ADDRESS	4600 DOVER ST, NE			3.3 STREET ADDRESS	142 3rd STREET W		
Y-ST-ZIP	ST PETERSBURG BEACH FL			3.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715		
LE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	SINGLETON, STEPHEN			4.2 NAME	FLETCHER, JIM		
REET ADDRESS	8431 7TH ST, N			4.3 STREET ADDRESS	7405 BAY ISLAND DR. S.		
Y-ST-ZIP	ST PETERSBURG FL			4.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715		
LE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	SAYUT, JOHN			5.2 NAME	DUBUC, LOU		
REET ADDRESS	4600 DOVER ST, NE			5.3 STREET ADDRESS	122037TH AVE N.		
Y-ST-ZIP	ST PETERSBURG FL			5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704		
LE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	WIRTANEN, GLEN			6.2 NAME			
REET ADDRESS	3706 BELLE VISTA DRIVE EAST			6.3 STREET ADDRESS			
Y-ST-ZIP	ST PETE BEACH FL			6.4 CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)