

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

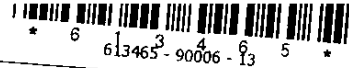
SHELL KEY BOAT CLUB, INCORPORATED

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	
		26		03/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
25		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
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			
				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		OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
LE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE	DD	<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	1220 37th 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: Glen Wirtanen DATE: 9/3/99 DAYTIME PHONE #: 813-228-2842  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (5/99)