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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004839 (4)

1. Corporation Name

TOUCHDOWN CLUB OF KEY WEST, INC.

Principal Place of Business

Mailing Address

411 CRANE BLVD
SUMMERLAND KEY FL 33042

411 CRANE BLVD
SUMMERLAND KEY FL 33042-3112



3. Date Incorporated or Qualified
09/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3104 Flagler
Suite, Apt. #, etc.

26 PO Box 5114
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0706952

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23 Key West, FL
City & State

28 Key West, FL
City & State

24 33040 25 USA
Zip Country

29 33045 30 USA
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPOTTSMOOD, WILLIAM B
500 FLEMING STREET
KEY WEST FL 33040

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MIRA, DERA
STREET ADDRESS 411 CRANE BLVD
CITY-ST-ZIP SUMMERLAND KEY FL 33042

DELETE

1.1 TITLE
1.2 NAME PD PHILLIP A. CONDELLA
1.3 STREET ADDRESS 121 AVENUE G
1.4 CITY-ST-ZIP BIG COPPIT, FL 33040

Change Addition

TITLE TD
NAME BRINGLE, LINDA
STREET ADDRESS 3112 RIVIERA DRIVE
CITY-ST-ZIP KEY WEST FL 33040

DELETE

2.1 TITLE TD
2.2 NAME BRINGLE, LYNDA K.
2.3 STREET ADDRESS 3112 RIVIERA DRIVE
2.4 CITY-ST-ZIP KEY WEST, FL 33040

Change Addition

TITLE VD
NAME SCHLESNA, LEORA
STREET ADDRESS 391 CORAL AVE
CITY-ST-ZIP SUMMERLAND KEY FL 33042

DELETE

3.1 TITLE VD
3.2 NAME LARIZ, MATILDA A.
3.3 STREET ADDRESS 3354 FLAGLER AVE
3.4 CITY-ST-ZIP KEY WEST, FL 33040

Change Addition

TITLE SD
NAME CREEL, DENISE
STREET ADDRESS 1122 THOMPSON
CITY-ST-ZIP KEY WEST FL 33040

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE: Lynda K Bringle LYNDA K BRINGLE, TD 4/29/97 (305) 295-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024707

CR2E037 (9/96)