

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004839 (4)**

TOUCHDOWN CLUB OF KEY WEST, INC.



Principal Place of Business <b>3104 FLAGLER KEY WEST FL 33040 US</b>	Mailing Address <b>P.O. BOX 5114 KEY WEST FL 33045 US</b>
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<b>21</b> Principal Place of Business <b>22</b> Suite, Apt. #, etc. <b>23</b> City & State <b>24</b> Zip <b>25</b> Country	<b>26</b> Mailing Address <b>27</b> Suite, Apt. #, etc. <b>28</b> City & State <b>29</b> Zip <b>30</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>09/16/1996</b>	
<b>4.</b> FEI Number <b>65-0706952</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> 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	

<b>9. Name and Address of Current Registered Agent</b> <b>SPOTTSWOOD, WILLIAM B 500 FLEMING STREET KEY WEST FL 33040</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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	PD CONDELLA, PHILLIP A 121 AVE. G BIG COPPIT FL
NAME	TD BRINGLE, LYNDIA K 3112 RIVIERA DRIVE KEY WEST FL
STREET ADDRESS	VD LARIZ, MATILDA A 3354 FLAGLER AVE. KEY WEST FL
CITY - ST - ZIP	SD CREEL, DENISE 1122 THOMPSON KEY WEST FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD C.R. PHILLIPPS 27390 BARBADOS LANE RAMROD KEY, FL 33042
1.2 NAME	TO YOLANDA (LANNY) SKELLY 17013 CORAL DRIVE SUGARDAF KEY, FL 33042-3641
1.3 STREET ADDRESS	VD ERVIN BALIUS 724 PRADO CIRCLE KEY WEST, FL 33040
1.4 CITY - ST - ZIP	SD ANITA L. WELCH 3431 EAGLE AVENUE KEY WEST, FL 33040
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**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 on an attachment with an address.

SIGNATURE: *[Signature]* 4-15-98 (305)296-9021

CR2E037 (10/97)