

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90090 035 \*\*\*\*61.25

DOCUMENT # N96000004839

1. Corporation Name

TOUCHDOWN CLUB OF KEY WEST, INC.

Principal Place of Business

3104 FLAGLER  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 5114  
KEY WEST FL 33045  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

65-0706952

Applied For

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

9. Name and Address of Current Registered Agent

SPOTTSWOOD, WILLIAM B  
500 FLEMING STREET  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE  
NAME PHILLIPPS, C. R.  
STREET ADDRESS 27390 BARBADOS LANE  
CITY-ST-ZIP RAMROD KEY FL 33042

TITLE TD ☒ DELETE  
NAME SKELLY, YOLANDA (LANNY)  
STREET ADDRESS 17013 CORAL DR  
CITY-ST-ZIP SUGARLOAF KEY FL 33042

TITLE VD ☒ DELETE  
NAME BALIUS, ERVIN  
STREET ADDRESS 724 PRADO CIRCLE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE SD ☒ DELETE  
NAME WELCH, ANITA L.  
STREET ADDRESS 3431 EAGLE AVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME MECHALSKE, RODNEY D.  
1.3 STREET ADDRESS 37 1ST ST.  
1.4 CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME LYNDIA K. BRINGLE  
2.3 STREET ADDRESS 3112 RIVIERA DR.  
2.4 CITY-ST-ZIP KEY WEST, FL 33040

3.1 TITLE VD ☐ Change ☒ Addition  
3.2 NAME DEBORAH CONDELLA  
3.3 STREET ADDRESS 3104 FLAGLER AVE  
3.4 CITY-ST-ZIP KEY WEST, FL 33040

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME MICHELLE MECHALSKE  
4.3 STREET ADDRESS 37 1ST ST.  
4.4 CITY-ST-ZIP KEY WEST, FL 33040

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*Lyndia K. Bringle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99  
Date

(305)294-2256  
Daytime Phone #

CR2E037 (11/98)