


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90057 018 ****61.25

DOCUMENT # N97000001587 1. Entity Name PEN KEY CLUB, INC.					
Principal Place of Business M.M. 83.1 OVERSEAS HIGHWAY ISLAMORADA, FL 33036			Mailing Address P.O. BOX 1089 ISLAMORADA, FL 33036		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0855006	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUETT, DAREL 36 PEN KEY CLUB 83200 OVERSEAS HWY. ISLAMORADA, FL 33036			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			DATE		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRUETT, DAREL M.D. P.O. BOX 763 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SGROI, CARLO 20 PEN KEY CLUB ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODGERS, RODDY 83200 OVERSEAS HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, JAY 222 NE 8TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROWITT, PETER 3749 NORTH TAZEWEEL ST ARLINGTON, VA 22209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROWITT, PETER 3749 NORTH TAZEWEEL ST ARLINGTON, VA 22209	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carlo Sgroi</i> <i>Treasurer</i> 3/16/08 305-664-3551					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40051059



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0855006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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**Make check payable to
Florida Department of State**

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CITY-ST-ZIP

TD
PRUETT, DAREL M.D.
P.O. BOX 763
ISLAMORADA, FL 33036

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

D
SGROI, CARLO
20 PEN KEY CLUB
ISLAMORADA, FL 33036

☐ Delete

TITLE
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CITY-ST-ZIP

PD
RODGERS, RODDY
83200 OVERSEAS HWY
ISLAMORADA, FL 33036

☐ Delete

TITLE
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CITY-ST-ZIP

D
JACOBSON, JAY
222 NE 8TH AVE
DELRAY BEACH, FL 33483

☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #