


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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0855006	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRUETT, DAREL 36 PEN KEY CLUB 83200 OVERSEAS HWY. ISLAMORADA, FL 33036				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUETT, DAREL M.D.			NAME	
STREET ADDRESS	P.O. BOX 763			STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA, FL 33036			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGROI, CARLO			NAME	
STREET ADDRESS	20 PEN KEY CLUB			STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA, FL 33036			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, RODDY			NAME	
STREET ADDRESS	83200 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA, FL 33036			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, JAY			NAME	
STREET ADDRESS	222 NE 8TH AVE			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROWITT, PETER			NAME	
STREET ADDRESS	3749 NORTH TAZEWEEL ST			STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, VA 22209			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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>				Date: 3/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-664-3551	
CARLO A. Sgroi					

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