

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90144 004 ****61.25

DOCUMENT # N98000007086

1. Corporation Name

KEY WEST GOAL CLUB, INC.

Principal Place of Business

916 GEORGIA ST.
KEY WEST FL 33040

Mailing Address

916 GEORGIA ST.
KEY WEST FL 33040



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number
65-0901913

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

MEYER, JEFFREY B ESQ.
31211 AVE. A.
BIG PINE KEY FL 33043

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 **DS** ☐ DELETE
NAME **RIVAS, JOANNE L.**
STREET ADDRESS **916 GEORGIA ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **PD** ☒ DELETE
NAME **COSTARINO, JUDY W**
STREET ADDRESS **QUARTERS CC ELLYSON DR.,**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE
NAME **CLYNES, JACKIE**
STREET ADDRESS **710 SPANISH MAIN DR., #127**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Crowley, Maureen**
1.3 STREET ADDRESS **1419 Rose Street**
1.4 CITY-ST-ZIP **Key West, FL 33040**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Van Leuven, Amy**
2.3 STREET ADDRESS **29034 Geranium Ave**
2.4 CITY-ST-ZIP **Big Pine Key, FL 33043**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Thommes, Susan**
3.3 STREET ADDRESS **511 Sawyer Drive**
3.4 CITY-ST-ZIP **Cudjoe Key, FL 33042**

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

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:

Joanne L. Rivas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

(305) 296-5454
Daytime Phone #

CR2E037 (11/98)