


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000073653 1. Entity Name FLORIDA KEYS SAILBOAT PARTNERS, INC.	
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Principal Place of Business 6031 GLENDALE DRIVE BOCA RATON, FL 33433	Mailing Address 6031 GLENDALE DRIVE BOCA RATON, FL 33433
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1752291	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 STEVENS, ROBERT 6031 GLENDALE DRIVE BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, RONALD 7105 HARBOUR LANDING ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, ROBERT 6031 GLENDALE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACEY, MATTHEW 1109 HARBOR DRIVE DELRAY BEACH, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGA, CHARLIE 1474 HARBOUR SIDE DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANIN, RICHARD 3065 NW 30TH WAY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000373875
01/10/06-80038-025 150.00

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IN THIS SPACE**

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 607, 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: _____ **DIRECTOR** **1/6/06** **581-361-8272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #