

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000064326 (9)**
1. Corporation Name
THE BEACH CLUB AT SAND KEY, INC.

Principal Place of Business Mailing Address
**1560 GULF BLVD.
CLEARWATER FL 34630** **1560 GULF BLVD.
CLEARWATER FL 34630**

2. Principal Place of Business
21 2b. Mailing Address
26 **610 Belle Isle Avenue**

City & State
23 **28** **Belleair Beach, FL**

Zip Country Zip Country
24 **25** **29** **34634** **30**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 11:32

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1994 3a. Date of Last Report

4. FEI Number
59-3289456 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KAPLAN, ROBERTA D
1560 GULF BLVD.
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
610 Belle Isle Avenue

84 City **85** Zip Code
Belleair Beach **FL 34634**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, TED	12. NAME	
STREET ADDRESS	1560 GULF BLVD.	13. STREET ADDRESS	11556 Tradewinds Blvd.
CITY, ST, ZIP	CLEARWATER FL 34630	14. CITY, ST, ZIP	Largo, FL 34643
TITLE	ST	21. TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ROBERTA D	22. NAME	
STREET ADDRESS	1560 GULF BLVD.	23. STREET ADDRESS	610 Belle Isle Avenue
CITY, ST, ZIP	CLEARWATER FL 34630	24. CITY, ST, ZIP	Belleair Beach, FL 34634
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included 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. 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 C2 or Block C3 of this report, as an officer/director with an address.

SIGNATURE: *Roberta D. Kaplan* **3/20/95** (813) 595-0361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberta D. Kaplan, Vice President