

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000064326 (9)

1. Corporation Name

THE BEACH CLUB AT SAND KEY, INC.

Principal Place of Business

1580 GULF BLVD.  
CLEARWATER FL 34630

Mailing Address

610 BELLE ISLE AVENUE  
BELLEAIR BEACH FL 33786-3614  
US

3. Date Incorporated or Qualified  
08/31/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1555 EAST BAY DR.

Suite, Apt. #, etc

22 SUITE H

City & State

23 LARGO, FL.

Zip

24 33771

Country

2a. Mailing Address

26 1555 EAST BAY DR.

Suite, Apt. #, etc

27 SUITE H

City & State

28 LARGO, FL

Zip

29 33771

Country

30

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  
610 BELLE ISLE AVENUE  
BELLEAIR BEACH FL 34634

10. Name and Address of New Registered Agent

81 Name

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

1555 EAST BAY DR

83

SUITE H

84 City

LARGO

FL

85 Zip Code

33771

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

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COBB, TED  
STREET ADDRESS 11556 TRADEWINDS BLVD  
CITY- ST- ZIP LARGO FL

TITLE VSD  
NAME KAPLAN, ROBERTA D  
STREET ADDRESS 610 BELLE ISLE AVENUE  
CITY- ST- ZIP BELLEAIR BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/94

813-518-9494

0396301

CR2E034 (9/96)