

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **P94000076880 (1)**

95 MAY -1 PM 1:26

KEY WEST COUNTRY CLUB, INC.

TRUMAN ANNEX BLDG 21
KEY WEST FL 33041

P.O. BOX 4132
KEY WEST FL 33041

3. Date by statement is prepared: **10/14/1994**
3a. Date of last report:

4. FIC Number: **65-0528093**
Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Director Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. Does corporation have liability for obligations for chapter 219, Florida Statutes? ☐ Yes ☐ No

2. Name of corporation: **KEY WEST COUNTRY CLUB, INC.**
2a. Mailing Address:
21. Name of officer:
26. Name of officer:
22. Name of officer:
27. Name of officer:
23. Name of officer:
28. Name of officer:
24. Name of officer:
25. Name of officer:
29. Name of officer:
30. Name of officer:

9. Name and Address of Current Registered Agent

**ALLISON, JOHN R III
100 SE 2 ST
SUITE 3350
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83. City:
84. State: **FL**
85. Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation as required by Chapter 219, Florida Statutes, and that the same is true and correct as the same appears in the records of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS
NAME: **A. Elaine London**
Title: **President**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**
NAME: **John Behmke**
Title: **Vice President**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**
NAME: **John R. Allison, III**
Title: **Vice President**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**
NAME: **Jacqueline E. Creath**
Title: **Secretary**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**
NAME: **John Behmke**
Title: **Treasurer**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **John R. Allison, III** ☐ Change ☐ Addition
Title: **Asst. Sec/P.O. Box 4132 N/A**
Address: **Key West, FL 33041**
NAME: **Ann E. Johnston** ☐ Change ☐ Addition
Title: **Director**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**
NAME: **John Behmke** ☐ Change ☐ Addition
Title: **Director**
Address: **P.O. Box 4132 N/A**
City: **Key West, FL 33041**

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation as required by Chapter 219, Florida Statutes, and that the same is true and correct as the same appears in the records of the corporation.

SIGNATURE:

Jacqueline E. Creath, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

4-28-95 (305) 296-5601