

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076880

1. Corporation Name

KEY WEST COUNTRY CLUB, INC.

Principal Place of Business

6450 E JR. COLLEGE RD
KEY WEST FL 33040

Mailing Address

P.O. BOX 5886
KEY WEST FL 33041

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90100 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1994

4. FEI Number

65-0528093

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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 Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RYSMAN, PETER

STREET ADDRESS 6450 E JR. COLLEGE RD

CITY-ST-ZIP KEY WEST FL

TITLE VPTD ☐ DELETE

NAME BEHMKKE, JOHN

STREET ADDRESS 6450 E JR. COLLEGE RD

CITY-ST-ZIP KEY WEST FL 33040

TITLE VPAS ☐ DELETE

NAME ALLISON, JOHN R III

STREET ADDRESS 6450 E JR. COLLEGE RD

CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ DELETE

NAME CREATH, JAQUELINE E

STREET ADDRESS 6450 E JR. COLLEGE RD

CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ DELETE

NAME JOHNSTON, ANN E

STREET ADDRESS 6450 E JR. COLLEGE RD

CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

60 GOLF CLUB DRIVE

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

60 GOLF CLUB DRIVE

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

60 GOLF CLUB DRIVE

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

60 GOLF CLUB DRIVE

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

60 GOLF CLUB DRIVE

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 607, 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)