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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V10615** (5)
1. Corporation Name
I.L.E. KEY CLUB, INC.



Principal Place of Business 8 B. FT. MYERS DR. INDIAN LAKE ESTATES FL 33855 US	Mailing Address P.O. BOX 7806 INDIAN LAKE ESTATES FL 33855-7806 US
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3. Date Incorporated or Qualified 01/31/1992	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-3106070	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	
CAPITO, ROBERT K 108 RED GRANGE BLVD INDIAN LAKE ESTATES FL 33855	

10. Name and Address of New Registered Agent	
81 Name William H. Hodge	
82 Street Address (P.O. Box Number is Not Acceptable) 28 N. Amaryllis Ave.	
83 City Indian Lake Estates, FL 33855	
84 Zip Code FL 33855	

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 **William H. Hodge** *William H. Hodge* **9 Apr 97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	CAPITO, ROBERT K
STREET ADDRESS	108 RED GRANGE BLVD
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855
VD	SPRINGER, GLENN
STREET ADDRESS	17 N LANTANA DR
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855
TD	AMBUEHL, HAROLD R
STREET ADDRESS	4 VALENICA DR
CITY-ST-ZIP	INDIAN LAKE ESTATES FL
SD	POST, KENNETH C
STREET ADDRESS	44 LIMONIA DR
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855
D	HODGE, WILLIAM H
STREET ADDRESS	28 N AMARYLLIS
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	William H. Hodge
1.3 STREET ADDRESS	28 N. Amaryllis Ave
1.4 CITY-ST-ZIP	Indian Lake Estates, FL 33855
2.1 TITLE	VD
2.2 NAME	Federle, T. R.
2.3 STREET ADDRESS	26 N. Palmetto
2.4 CITY-ST-ZIP	Indian Lake Estates, FL 33855
3.1 TITLE	TD
3.2 NAME	Hummel, Harlan E.
3.3 STREET ADDRESS	44-B Deland Ave. Indian Lake Estates, FL 33855
3.4 CITY-ST-ZIP	33855
4.1 TITLE	SD
4.2 NAME	Wolf, James
4.3 STREET ADDRESS	19 N. Lantana
4.4 CITY-ST-ZIP	Indian Lake Estates, FL 33855
5.1 TITLE	D
5.2 NAME	Miller, George W.
5.3 STREET ADDRESS	118 Alamanda Dr.
5.4 CITY-ST-ZIP	Indian Lake Estates, FL 33855
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 if changed, or on an attachment with an address.

SIGNATURE: **Harlan E. Hummel** *Harlan E. Hummel* **941-692-1298**

CR2E034 (9/96)