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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17436

(9)

ROCKY LAKE HUNT CLUB, INC.

## FILED Jan 27 1998 8:00am Secretary of State



Principal Flac	6 OLDOZNI622	Maning Address					
1104 TRUM	IAN AVE	500 FLEMING ST					
KEY WEST	KEY WEST FL 33040	WEST FL 33040					
US US					DO NOT WRITE IN THIS SPACE		
					<ol><li>Date Incorporated or Qualified</li></ol>		ĺ
					02/27/1992		ĺ
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied Fo	or
21		26			65-0317414	Not Applic	cable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Addition	
				5. Certificate of Status Desired	Fee Required	124	
22		City & State					
City & State		<del></del>	•¬ ·		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the cur		;
24	25	29	30		,	Yes □ No	
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New Registered	Agent	
Ø	POTTSWOOD, JOHN M., JR.		8.	Name			.
	00 FLEMING ST		<u> </u>			·	
=				Street Ac	ddress (P.O. Box Number is Not Acceptable)		
K	EY WEST FL 33040		8:	,			
			84	'			
			84	City		85 Zip Code	
				1 1	FL		
11 Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statu	ites, the abo	re-named co	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registe	ered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpo	pration's board of directors. I hereby accept the app	ointment as register	red
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	·lorida Statute	<del>!</del> S.			
SIGNATURE							
	Signature, typed or printed name of registered age			ent signature re	equired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Ad	Jaigon
NAME	LUJAN, WAYNE		1,2 NAME				ł
STREET ADDRESS	1104 TRUMAN AVE		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	KEY WEST FL		1,4 CiTY				
	n	DELETE	2.1 TITLE	<u> </u>		Change Ad	dition
	_	<u> </u>	4				,
NAME	MOORE, RANDY		2.2 NAME	1			
STREET ADDRESS	1104 TRUMAN AVE		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	KEY WEST FL		2, 4 CITY	-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change Ad	dition
NAME	SPOTTSWOOD, JOHN M.,	JR.	3.2 NAME				
-	500 FLEMING ST			i			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	KEY WEST FL		3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Ad	ווסנווטנ
NAME			4, 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-				
TITLE		DELETE	5,1 TITLE			☐ Change ☐ Ad	dition
		the state of the state of the		- 1			
NAME			5.2 NAME	i			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY -	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Ad	ddition
NAME		_	6.2 NAME				
				T ADDRESS			
STREET ADDRESS		/ /					
CITY - ST - ZIP		/ /	6.4 CITY -	ST-ZIP			- 1

4. I hereby certify that the information supplied with this filling 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 supplier intal annual report is flow 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 respite or fusite explosured 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 attribute with an additions.

CICNATURE.

1/6/98 3052945931