


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90012 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726199

1. Corporation Name
CARD SOUND GOLF CLUB, INC.

Principal Place of Business 100 COUNTRY CLUB DR. OCEAN REEF CLUB KEY LARGO FL 33037	Mailing Address 100 COUNTRY CLUB DR. OCEAN REEF CLUB KEY LARGO FL 33037
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/23/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1507550
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent BATES, HENRY 0-08 ANDROS ROAD KEY LARGO FL 33037	10. Name and Address of New Registered Agent 81 Name Adelaide Skoglund 82 Street Address (P.O. Box Number is Not Acceptable) 17 Card Sound Road 83 84 City Key Largo FL 85 Zip Code 33037
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: *Adelaide Skoglund* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISABATINO, EUGENE	1.2 NAME	Michael K. Smith
STREET ADDRESS	24 THATCH PALM WAY	1.3 STREET ADDRESS	38 Cardinal Lane
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MICHAEL	2.2 NAME	Brian Hunt
STREET ADDRESS	38, CARDINAL LANE	2.3 STREET ADDRESS	13 Osprey Lane
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	Key Largo, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZICK, JOHN	3.2 NAME	Lacy Rice, Jr.
STREET ADDRESS	09 HARBOR LANE	3.3 STREET ADDRESS	09 HAWKEY RD.
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, HENRY	4.2 NAME	Adelaide Skoglund
STREET ADDRESS	0-08 ANDROS ROAD	4.3 STREET ADDRESS	17 Card Sound Road
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	Trustee T <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	5.1 TITLE	Trustee T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herb Matthews	5.2 NAME	David Jacobson
STREET ADDRESS	16 Sunser Cay Dr.	5.3 STREET ADDRESS	52 Angefish Cay Dr.
CITY-ST-ZIP	Key Largo, FL 33037	5.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	TRUSTEE T <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	6.1 TITLE	Trustee T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Hudson	6.2 NAME	Bonnie Kahn
STREET ADDRESS	2 West Snapper Pt Dr.	6.3 STREET ADDRESS	100 Anchor Drive #22
CITY-ST-ZIP	Key Largo, FL 33037	6.4 CITY-ST-ZIP	Key Largo, FL 33037

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *X* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)