

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90011 041 ****61.25

DOCUMENT # 726199

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1507550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOGLUND, ADELAIDE
17 CARD SOUND ROAD
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Adelaide J Skoglund

2/16/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **HUNT, BRIAN**
 STREET ADDRESS **13 OSPREY LANE**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **President** Change Addition
 NAME **Hunt, Brian**
 STREET ADDRESS **13 Osprey Lane**
 CITY-ST-ZIP **Key Largo, FL.**

TITLE **PD** Delete
 NAME **SMITH, MICHAEL**
 STREET ADDRESS **38 CARDINAL LANE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **RICE, LARRY JR**
 STREET ADDRESS **09 HALFWY RD**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SKOGLUND, ADELAIDE**
 STREET ADDRESS **17 CARD SOUND ROAD**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **JACOBSON, DAVID**
 STREET ADDRESS **52 ANGELFISH CAY DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **Vice President** Change Addition
 NAME **Jacobson, David**
 STREET ADDRESS **52 AngelFish Cay Dr.**
 CITY-ST-ZIP **Key Largo, FL.**

TITLE **T** Delete
 NAME **KAHN, BONNIE**
 STREET ADDRESS **100 ANCHOR DR., #22**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Adelaide J Skoglund

2/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)