


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90329 006 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent  
**MORGAN, ROBERT C**  
**14 OSPREY LANE**  
**KEY LARGO, FL 33037**

7. Name and Address of New Registered Agent  
 Name **Darryl W. Copeland**  
 Street Address (P.O. Box Number is Not Acceptable)  
**09 Torchwood Ln**  
 City **Key Largo FL** Zip Code **33037**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darryl W. Copeland* DATE **4/19/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFSBERGER, DON	
STREET ADDRESS	1002 SANCTUARY TERR.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	POOLE, GREGORY J JR	
STREET ADDRESS	28 HALFWAY RD.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICE, LARRY JR	
STREET ADDRESS	09 HALFWY RD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKOGLUND, ADELAIDE	
STREET ADDRESS	17 CARD SOUND ROAD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, DAVID	
STREET ADDRESS	52 ANGELFISH CAY DR.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEPHARD, JOEL M	
STREET ADDRESS	47 SUNRISE CAY DR	
CITY-ST-ZIP	KEY LARGO, FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darryl W. Copeland	
STREET ADDRESS	09 Torchwood Ln	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Berry	
STREET ADDRESS	2 Knoll Lane	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard R. Brook	
STREET ADDRESS	7 North Pelican Dr.	
CITY-ST-ZIP	Key Largo Fl. 33037	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adelaide J. Skoglund	
STREET ADDRESS	17 Card Sound Road	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas A. Williams	
STREET ADDRESS	4 South Pelican Drive	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel M. Shepherd	
STREET ADDRESS	47 Sunrise Cay Dr.	
CITY-ST-ZIP	Key Largo, Fl. 33037	

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 empowered.

SIGNATURE *Darryl W. Copeland* DATE **4/19/04**  
Signature and typed or printed name of signing officer or director

Attachment 540 96945  
 Doc # 726199

STREET ADDRESS CITY-ST-ZIP	09 HALFVY RD KEY LARGO FL 33037	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKOGLUND, ADELAIDE 17 CARD SOUND ROAD KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, DAVID 52 ANGELFISH CAY DR. KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPHARD, JOEL M 47 SUNRISE CAY DR KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition > SAME

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 empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_