


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 015 ****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.

City & State

Zip Country Zip Country

4. FEI Number **59-1507550**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
COPELAND, DARRYL W
09 TORCHWOOD LN
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Darryl W. Copeland* DATE: **3/18/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD Fred Bacher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	24 Dockside Lane #101	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: *Darryl W. Copeland* DATE: **3/18/05**
Signature and typed or printed name of signing officer or director Daytime Phone #: **305-367-4535**