

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 24, 2006  
Secretary of State

DOCUMENT# 726199

Entity Name: CARD SOUND GOLF CLUB, INC.

**Current Principal Place of Business:**

100 COUNTRY CLUB DR.  
OCEAN REEF CLUB  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

100 COUNTRY CLUB DR.  
OCEAN REEF CLUB  
KEY LARGO, FL 33037

**New Mailing Address:**

FEI Number: 59-1507550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COPELAND, DARRYL W  
09 TORCHWOOD LN  
KEY LARGO, FL 33037      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WOLFSBERGER, DON  
Address: 1002 SANCTUARY TERR.  
City-St-Zip: KEY LARGO, FL 33037

Title: T      ( ) Delete  
Name: POOLE, GREGORY J JR  
Address: 28 HALFWAY RD.  
City-St-Zip: KEY LARGO, FL 33037

Title: TD      ( ) Delete  
Name: BACHER, FRED  
Address: 24 DOCKSIDE LANE #101  
City-St-Zip: KEY LARGO, FL 33037

Title: P      ( ) Delete  
Name: SKOGLUND, ADELAIDE  
Address: 17 CARD SOUND ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title: S      ( ) Delete  
Name: COPELAND, DARRYL W  
Address: 09 TORCHWOOD LN  
City-St-Zip: KEY LARGO, FL 33037

Title: V      ( ) Delete  
Name: SHEPHARD, JOEL M  
Address: 47 SUNRISE CAY DR  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T      (X) Change ( ) Addition  
Name: COLEMAN, ELIZABETH  
Address: 31 HALFWAY ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRYL W. COPELAND

SECR

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date