

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90028 038 ****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

50001655



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Richard R. Brock

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

07 North Pelican Dr

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME COLEMAN, ELIZABETH
STREET ADDRESS 31 HALFWAY ROAD
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☒ Change ☐ Addition
NAME Coleman, Elizabeth
STREET ADDRESS 31 Halfway Rd
CITY-ST-ZIP Key Largo, FL 33037

TITLE T ☐ Delete
NAME POOLE, GREGORY J JR
STREET ADDRESS 28 HALFWAY RD.
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☒ Change ☐ Addition
NAME Poole, Gregory J Jr
STREET ADDRESS 28 Halfway Rd
CITY-ST-ZIP Key Largo, FL 33037

TITLE TD ☐ Delete
NAME BACHER, FRED
STREET ADDRESS 24 DOCKSIDE LANE #101
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☐ Change ☒ Addition
NAME Kavanaugh, E. Edward Jr.
STREET ADDRESS 04 Channel Cay Rd
CITY-ST-ZIP Key Largo, FL 33037

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

TITLE D ☒ Change ☐ Addition
NAME Skoglund, Adelaide
STREET ADDRESS 17 Card Sound Rd.
CITY-ST-ZIP Key Largo, FL 33037

TITLE S ☐ Delete
NAME COPELAND, DARRYL W
STREET ADDRESS 09 TORCHWOOD LN
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE V ☒ Change ☐ Addition
NAME Copeland, Darryl W.
STREET ADDRESS 09 Torchwood Ln.
CITY-ST-ZIP Key Largo, FL 33037

TITLE V ☐ Delete
NAME SHEPHARD, JOEL M
STREET ADDRESS 47 SUNRISE CAY DR
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE P ☒ Change ☐ Addition
NAME Shepherd, Joel M II
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 exemptions contained 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 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 #

Richard R. Brock

5/20/07 305-367-2555