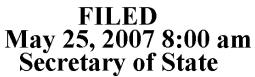
## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



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1. Entity Nam	MENT # 726199 DUND GOLF CLUB, INC.				0	5-25-2007 900			_
Principal Plac 100 COUNTF OCEAN REEF KEY LARGO,	CLUB	Malling Address 100 COUNTRY CLUB DR. OCEAN REEF CLUB KEY LARGO, FL 33037				II 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0165 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05012007	Chg-NP	CR2E03	7 (12/06)	
City & Stat	te	City & State			4. FEI Number 59-15075	550		<u> </u>	pplied For ot Applicable
Zip	Country	Zip –	Country		5. Certificate.of	Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Reg	istered A	gent	
			Name	0.0	1 1			•	
COPELAND, DARRYL W 09 TORCHWOOD LN			Street	Street Address (P.O. Box Number is Not Acceptable)					
	30, FL 33037		3,1661	-uuicss (i		· · · ·			
			C	7	Morth i	Pelican	Dr		
/* . 			City	Keu	Largo		FL	Zip Cod 3 3 0	e 7
8. The above	named entity submits this statement fo	r the purpose of changing its re			ed agent, or both,	in the State of Florid	da. I am fa		
the obligations of registered agent.									
SIGNATURE 5/20107									
12.1	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signa				DATE		
	<u> </u>		iogistereo Agent aigni	ature required	when reinstating)		DATE		
; ;	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	ature required	\$5.00 May Be Added to Fees		ke check	payable to ment of St	
10.	OFFICERS AND DIE	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		ke check a Departi	ment of St	tate
- <u>-</u> -	Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing ntribution.	D	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florida GES TO OFFICERS	ke check a Departi	ment of St	tate
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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 true like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard R. Brock

5b0107 305-367-2555