


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90028 025 ****70.00

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

40053506



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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1507550

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, RICHARD
 07 NORTH PELICAN DR.
 KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name **E. Edward Kavanaugh**
 Street Address (P.O. Box Number is Not Acceptable)
04 Channel Cay Rd.
 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 *E. Edward Kavanaugh* DATE **3-20-08**

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, 2008

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	D	<input type="checkbox"/> Delete
NAME	COLEMAN, ELIZABETH	
STREET ADDRESS	31 HALFWAY ROAD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, GREGORY J JR	
STREET ADDRESS	28 HALFWAY RD.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACHER, FRED	
STREET ADDRESS	24 DOCKSIDE LANE #101	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKOGLUND, ADELAIDE	
STREET ADDRESS	17 CARD SOUND ROAD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	V	<input type="checkbox"/> Delete
NAME	COPELAND, DARRYL W	
STREET ADDRESS	09 TORCHWOOD LN	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	P	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Guyton	
STREET ADDRESS	22 Halfway Road	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victoria Goldstein	
STREET ADDRESS	5 Cannon Point	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard R. Brock	
STREET ADDRESS	07 North Pelican Dr.	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Copeland, Darryl W.	
STREET ADDRESS	09 Torchwood Ln.	
CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. Edward Kavanaugh	
STREET ADDRESS	04 Channel Cay Rd	
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: *E. Edward Kavanaugh* DATE: **3-20-08** DAYTIME PHONE #: **305 367-2555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR