

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90310 008 \*\*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, ROBERT C  
14 OSPREY LANE  
KEY LARGO FL 33037**

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

*David Jacobson*

**David Jacobson**

**4/18/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUNT, BRIAN</b>	
STREET ADDRESS	<b>13 OSPREY LANE</b>	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, MICHAEL</b>	
STREET ADDRESS	<b>38 CARDINAL LANE</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, LARRY JR</b>	
STREET ADDRESS	<b>09 HALFWY RD</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SKOGLUND, ADELAIDE</b>	
STREET ADDRESS	<b>17 CARD SOUND ROAD</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBSON, DAVID</b>	
STREET ADDRESS	<b>52 ANGELFISH CAY DR.</b>	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPHARD, JOEL M</b>	
STREET ADDRESS	<b>47 SUNRISE CAY DR</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wolfsberger, Don</b>	
STREET ADDRESS	<b>1002 Sanctuary Terr</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Poole, Jr. Gregory J.</b>	
STREET ADDRESS	<b>28 Halfway Rd</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Copeland Darryl W.</b>	
STREET ADDRESS	<b>09 Torchwood Ln</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Skoglund, Adelaide</b>	
STREET ADDRESS	<b>170 Card Sound Rd</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jacobson, David</b>	
STREET ADDRESS	<b>52 Angelfish Cay Dr.</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Walmsley, Douglas</b>	
STREET ADDRESS	<b>04 South Pelican Dr</b>	
CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	

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

*David Jacobson*

**REQ DAVID JACOBSON**

**4/18/03**

**305 367 2555**

CR2E037 (10/02)