FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # 753807 (7)

1. Corporation Name
HUTCHINSON ISLAND BEACH CLUB, INC.

Principal Place of Business	Mailing Address
9800 S A1A JENSEN BCH. FL 34957-2344	9800 S A1A JENSEN BCH. FL 34957-2344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1980
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2198065 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAJKI, ARPAD
325 NE ELM TERRACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ VP	1.1 TITLE	☐ Change ☐ Addition
NAME	IMMERMAN, ARTHUR	1.2 NAME	
STREET ADDRESS	2051 NE OCEAN BLVD., UNIT C-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	~~VP~~ PD	2.1 TITLE	☐ Change ☐ Addition
NAME	FINK, DON	2.2 NAME	
STREET ADDRESS	11600 MT. HOPE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MUNITH MI	2.4 CITY-ST-ZIP	
TITLE	~~SEC~~ VP	3.1 TITLE	☐ Change ☐ Addition
NAME	GLAB, RON	3.2 NAME	
STREET ADDRESS	501 12TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELMAR NJ	3.4 CITY-ST-ZIP	
TITLE	S D	4.1 TITLE	☐ Change ☐ Addition
NAME	AMEEN, RICHARD	4.2 NAME	
STREET ADDRESS	88 CHENAILLE TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. ADAMS MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARFELIE, ROBERT	5.2 NAME	TONY CARPENTER
STREET ADDRESS	9800 S. OCEAN DR., UNIT 409	5.3 STREET ADDRESS	9800 S. OCEAN BLVD, JENSEN BCH
CITY-ST-ZIP	JENSEN BCH. FL	5.4 CITY-ST-ZIP	FL 34957
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	LUNDSTROM, DANIEL	6.2 NAME	
STREET ADDRESS	9900 S A1A	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: X Arthur J. Immerman ARTHUR L. IMMERMAN 3-16-95 407 225 3882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076037