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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753807 (7)

1. Corporation Name

HUTCHINSON ISLAND BEACH CLUB, INC.

Principal Place of Business

Mailing Address

9800 S A1A
JENSEN BCH. FL 34957-23449800 S A1A
JENSEN BCH. FL 34957-23693. Date Incorporated or Qualified
08/19/19803a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2198065

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMPLOUGH, JUNE E
900 S. FEDERAL HWY STE 322
STUART FL 34994

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME IMMERMAN, ARTHUR
STREET ADDRESS 2051 NE OCEAN BLVD., UNIT C-1
CITY-ST-ZIP STUART FL1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DS ☐ DELETE
NAME FINK, DON
STREET ADDRESS 11800 MT. HOPE
CITY-ST-ZIP MUNITH MI2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME MC NAMARA, JOHN
STREET ADDRESS 9800 S OCEAN DR #203
CITY-ST-ZIP JENSEN BEACH FL 349573.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME KOST, NANCY
3.3 STREET ADDRESS 9800 South A1A
3.4 CITY-ST-ZIP Jensen Beach, FL 34957TITLE DP ☒ DELETE
NAME AMEEN, RICHARD
STREET ADDRESS 88 CHENAILLE TERR.
CITY-ST-ZIP N. ADAMS MA4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME FINK, DON
4.3 STREET ADDRESS 9950 SO. OCEAN DRIVE #1830
4.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957TITLE DT ☐ DELETE
NAME CARPENTIER, TONY
STREET ADDRESS 9800 S OCEAN BLVD
CITY-ST-ZIP JENSEN BCH. FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY KOST 2/21/97

561-225-5732

CR2E037 (9/96)