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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

08/19/1980

4. FEI Number

59-2198065

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

1274 NE BUSINESS PARK PL
Suite, Apt. #, etc.

PO BOX 65
Suite, Apt. #, etc.

City & State

City & State

JENSEN BEACH, FL

JENSEN BEACH, FL

Zip

Zip

34957

34958

Country

Country

USA

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

LORRAINE FORTE

82. Street Address (P.O. Box Number is Not Acceptable)

1274 BUSINESS PARK PLACE

83. City

JENSEN BEACH

FL

85. Zip Code

34957

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

LORRAINE FORTE

LORRAINE FORTE

4/23/98

(Signature, typed 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	VPD	<input type="checkbox"/> DELETE
NAME	IMMERMAN, ARTHUR	
STREET ADDRESS	2051 NE OCEAN BLVD., UNIT C-1	
CITY-ST-ZIP	STUART FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FINK, DON	
STREET ADDRESS	11800 MT. HOPE	
CITY-ST-ZIP	MUNITH MI	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOST, NANCY	
STREET ADDRESS	9800 SOUTH A1A	
CITY-ST-ZIP	JENSEN BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINK, DON	
STREET ADDRESS	9850 S OCEAN DR #1830	
CITY-ST-ZIP	JENSEN BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	CARPENTIER, TONY	
STREET ADDRESS	9800 S OCEAN BLVD	
CITY-ST-ZIP	JENSEN BCH. FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D/S	<input type="checkbox"/> DELETE
NAME	GRAY, BEVERLY	
STREET ADDRESS	9800 S OCEAN DR 4111	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **X Nancy G. Kost** **Nancy G. Kost** **4/14/98** **561-287-8812**

CR2E037 (10/97)