


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90020 017 \*\*\*\*61.25

<b>DOCUMENT # 753807</b> 1. Entity Name <b>HUTCHINSON ISLAND BEACH CLUB, INC.</b>			
Principal Place of Business 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US		Mailing Address 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US	
2. Principal Place of Business - No P.O. Box # <b>735 Colorado Avenue</b>		3. Mailing Address <b>735 COLORADO AVE</b>	
Suite, Apt. #, etc. <b>Suite # 3</b>		Suite, Apt. #, etc. <b>SUITE 3</b>	
City & State <b>Stuart, FL</b>		City & State <b>STUART, FL</b>	
Zip <b>34994</b>		Zip <b>34994</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2198065</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRIVOK, JAMES N</b> <b>1818 AUSTRALIAN AVENUE, SUITE 400</b> <b>WEST PALM BEACH, FL 33409</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BISCHOF, DAVID 9800 S OCENA DR., #216 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATHY SHOOK 9800 S. OCEAN DRIVE # 304 JENSEN BEACH, FL 34957 <div style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERGUSON, JOHN 9800 S OCEAN DR #102 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFGANG C. BAERE 9800 S. OCEAN DRIVE # 111 JENSEN BEACH, FL 34957 <div style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEARE, WOLFGANG 9800 S OCEAN DRIVE # 111 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DON FINK 9800 S. OCEAN DRIVE # 101 JENSEN BEACH, FL 34957 <div style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, DAVID 9800 S OCEAN DR., #307 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDY HENDRICKS 9800 S. OCEAN DRIVE #413 JENSEN BEACH, FL 34957 <div style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZINN, REBECCA 9800 S OCEAN DR #106 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MINER 9800 S. OCEAN DRIVE # 307 JENSEN BEACH, FL 34957 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 any other like empowered.			
<b>SIGNATURE:</b> <u>Donald S. [Signature]</u> / <u>Treasurer</u>		772-229-9317      4-2-2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	