

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 14, 2008  
Secretary of State

DOCUMENT# N38012

Entity Name: SEMINOLE GOLF CLUB, INC.

**Current Principal Place of Business:**

901 SEMINOLE BLVD.  
JUNO BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 SEMINOLE BLVD.  
JUNO BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 59-0441130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMBY, LOU  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FERNANDEZ, LUIS J  
Address: 246 EDEN ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: DVP ( ) Delete  
Name: JACKSON, LABAN P  
Address: 2665 N. OCEAN BLVD  
City-St-Zip: GULFSTREAM, FL 33483

Title: S ( ) Delete  
Name: VARDAMAN, JACK  
Address: 4411 HADFIELD LANE, NW  
City-St-Zip: WASHINGTON, DC 20007

Title: PD ( ) Delete  
Name: NEHER, TIMOTHY  
Address: 11526 TURTLE BEACH ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: JACKSON, LABAN P  
Address: 2665 N. OCEAN BLVD  
City-St-Zip: GULFSTREAM, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS/T ( ) Change (X) Addition  
Name: RYAN, ALLAN A IV  
Address: 230 MIRAFLORES DRIVE  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY NEHER

PD

08/14/2008

Electronic Signature of Signing Officer or Director

Date