

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 012 ****61.25

DOCUMENT # N28126

1. Entity Name
WILLOUGHBY GOLF CLUB, INC.



Principal Place of Business
**3001 SE DOUBLETION DR
STUART, FL 34997 US**

Mailing Address
**3001 SE DOUBLETION DR
STUART, FL 34997 US**

60008015



2. Principal Place of Business - No P.O. Box #
AS ABOVE

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0097237

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REILLY, MICHELE E
3001 SE DOUBLETION DR
STUART, FL 34997**

7. Name and Address of New Registered Agent

Name
WRIGHT, ROB
Street Address (P.O. Box Number is Not Acceptable)
3001 SE DOUBLETION DRIVE
City
STUART FL Zip Code
34997

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACLEAN, GEORGE 3001 SE DOUBLETION DR. STUART, FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEAVER, JEAN 3001 SE DOUBLETION DR STUART, FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GETTIER, GLENN 3001 SE DOUBLETION DR STUART, FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETITT, RICH 3001 SE DOUBLETION DR STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, GLENN 3001 SE DOUBLETION DR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHARLES 3001 SE DOUBLETION DR. STUART, FL 34997	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ECKEMAN, ARNIE 3001 SE DOUBLETION DR STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, NANCY 3001 SE DOUBLETION DR STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #