

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08494

**Entity Name:** TWIN ISLES COUNTRY CLUB, INC.**Current Principal Place of Business:**301 MADRID BLVD  
PUNTA GORDA, FL 33950**Current Mailing Address:**301 MADRID BLVD  
PUNTA GORDA, FL 33950**FEI Number:** 59-2542237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYNTON, ALLEN  
301 MADRID BLVD  
PUNTA GORDA, FL 33950 US*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:** ALLEN BOYNTON

04/02/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOYNTON, ALLEN  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            FLANNERY, BRIAN  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            FRAME, SHERRY  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            VP  
Name            LUEDTKE, DEBORAH  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            CONTE, TIM  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            SECRETARY  
Name            DEES, CYNDY  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            TREASURER  
Name            GORDON, GENE  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            BUCKINGHAM, FRED  
Address        301 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLEN BOYNTON

PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SNEDEKER, DEBORAH
Address	301 MADRID BLVD
City-State-Zip:	PUNTA GORDA FL 33950