

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11540

**Entity Name:** JOHN'S ISLAND CLUB, INC.**Current Principal Place of Business:**3 JOHN'S ISLAND DRIVE  
VERO BEACH, FL 32963**Current Mailing Address:**3 JOHN'S ISLAND DRIVE  
VERO BEACH, FL 32963**FEI Number: 59-2607344****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KROH, BRIAN R  
3 JOHN'S ISLAND DRIVE  
VERO BEACH, FL 32963 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FERRO, DENNIS C  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title PRESIDENT  
Name GREALIS, WILLIAM J  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name PUFF, ROBERT C  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title VP  
Name MCGLYNN, RONALD H  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DT  
Name MACDONALD, WILLIAM E  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name DUBORD, STEPHEN F  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name DESIMONE, GLENN J  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name ROLF, RANDOLPH K  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

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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: WILLIAM J GREALIS****PRESIDENT****04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name MORTIMER, PETER M  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name LYNCH, NANCY P  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name GRAHAM, STUART E II  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name SMITH, MARY ALICE  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name LEMASTERS, MARTHA G  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name CRUISE, CHARLES S  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name PENROSE, MARY BUFF  
Address 3 JOHN'S ISLAND DRIVE  
City-State-Zip: VERO BEACH FL 32963