

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 705804

1. Entity Name
JACKSONVILLE BEACH GOLF CLUB, INC.



Principal Place of Business

% CITY OF JACKSONVILLE BEACH
11 N. 3RD ST
JACKSONVILLE BEACH, FL 32250

Mailing Address

% CITY OF JACKSONVILLE BEACH
11 N. 3RD ST
JACKSONVILLE BEACH, FL 32250



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6000343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYAL, HARRY E CPA MBA
11 N. 3RD ST
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD
NAME REAGAN, HEIDI
STREET ADDRESS 11 N. 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME FORBES, GEORGE D.
STREET ADDRESS 11 NORTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME SHARP, FLAND O
STREET ADDRESS 11 N. 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE TD
NAME ROYAL, HARRY E CPA
STREET ADDRESS 11 N 3RD STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000385153
01/18/06-80005-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #