

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90330 029 ****61.25

DOCUMENT # 735211
 1. Entity Name
HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 10410 S. OCEAN DRIVE 10410 S. OCEAN DRIVE
 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957

14001022



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1803807 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORNETT, JANE L.
401 EAST OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	STAMILE, PETER	
STREET ADDRESS	10410 S OCEAN DR., #909	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECK, JERRY	
STREET ADDRESS	10410 S OCEAN DR., #903	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, WALTER C	
STREET ADDRESS	10410 S OCEAN D.R., #707	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KORNEFFEL, PAUL	
STREET ADDRESS	10410 S OCEAN DR., #608	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK CRISTIANO	
STREET ADDRESS	10410 S. OCEAN DR #607	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM ALVAREZ	
STREET ADDRESS	10410 S- OCEAN DR #504	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Korneffel* 4/21/05 772-229-0357
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #