2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90083 026 ****61.25

DOCUMENT # 759306

1. Entity Name
DRIFTWOOD BEACH CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4417 EL MAR DRIVE LAUDERDALE-BY-THE-SEA, FL 33308	4417 EL MAR DRIVE LAUD BY SEA, FL 33308 US

DO NOT WRITE IN THIS SPACE

01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2186094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSEN, GARY J
1215 E BROWARD BLVD
FT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~P~~ D
NAME	BONGIOVANNI, PETER
STREET ADDRESS	5442 FIRENZE DR. #E
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	~~D~~ TD
NAME	BUDD, VERNON
STREET ADDRESS	27 ROYAL CT
CITY-ST-ZIP	SHELTON, CT 06484
TITLE	D
NAME	MASONE, JOSEPH
STREET ADDRESS	20876 SPRINGS TERR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	~~TO~~ PD
NAME	CLARK, ROBERT
STREET ADDRESS	P.O. BOX 1059
CITY-ST-ZIP	VINEYARD HAVEN, MA 02568
TITLE	D
NAME	COSTELLO, MICHAEL
STREET ADDRESS	6327 BIRCHWOOD CT
CITY-ST-ZIP	BURLINGTON, KY 41005
TITLE	D
NAME	CHINASI, JOHN
STREET ADDRESS	4706 LUCERNE LAKES BLVD
CITY-ST-ZIP	LAKE WORTH, FL 33467

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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: _____ 4/27/05 954-776-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #