

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90071 047 \*\*\*158.75

**DOCUMENT # K99074**

1. Entity Name

LA COQUILLE CLUB, INC.



Principal Place of Business

100 SOUTH OCEAN BLVD.  
MANALAPAN FL 33462  
US

Mailing Address

100 SOUTH OCEAN BLVD.  
MANALAPAN FL 33462  
US

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

58-1893133

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WHITE, WILTON L~~  
~~302 CYPRESS TRACE~~  
~~WEST PALM BEACH FL 33411~~

Name

HUTCHESON, ROBERT D.  
Street Address (P.O. Box Number is Not Acceptable)

302 CYPRESS TRACE

City

ROYAL PALM BEACH

FL

Zip Code

33411

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME HANEY, EMELINE  
STREET ADDRESS 400 S. OCEAN BLVD  
CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME MAY, B.J.  
STREET ADDRESS 7621 MACKENZIE COURT  
CITY-ST-ZIP LAKE WORTH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ALEXANDER, ARNOLD  
STREET ADDRESS 3360 SOUTH OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME PAYNE, GEORGE  
STREET ADDRESS 961 SO. ATLANTIC DRIVE  
CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME DORSEY, DENNIS  
STREET ADDRESS 1675 LANDS END RD.  
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE ☒ Change ☐ Addition  
NAME D HYLAND, GINA  
STREET ADDRESS 25 CURLEW RD  
CITY-ST-ZIP MANALAPAN, FL 33462

TITLE D ☐ Delete  
NAME BARDELIS, GRACE  
STREET ADDRESS 1171 N OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ 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 607, 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: Robert Hutcheson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 561-540-4909