

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

02-07-2005 90065 014 \*\*\*\*61.25

**DOCUMENT # N00000002420**

**1. Entity Name**

**THE PRESERVE AT JENSEN BEACH COUNTRY CLUB  
ASSOCIATION, INC.**



**Principal Place of Business**

**C/O STEPHEN NOVAK  
3744 NW PINOAK DRIVE  
JENSEN BEACH, FL 34957**

**Mailing Address**

**C/O STEPHEN NOVAK  
3744 NW PINOAK DRIVE  
JENSEN BEACH, FL 34957**

**40014037**



01072005 No Chg-NP

CR2E037 (10/03)

**4. FEI Number**

**59-3651964**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NOVAK STEPHEN  
3744 NW PIN OAK DRIVE  
JENSEN BEACH, FL 34957**

**Sharon Beal  
3644 NW Pin Oak Dr  
Jensen Beach FL 34957**

**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**

**Sharon Beal**

**Sharon Beal**

**1-9-05**

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, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME BEAL, SHARON  
STREET ADDRESS 3644 NW PIN OAK DRIVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957**

**TITLE V  
NAME KARENBAUER, JEAN  
STREET ADDRESS 3734 NW PIN OAK DRIVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957**

**TITLE V  
NAME KOUKAMANIS, PETER  
STREET ADDRESS 3706 NW DEER OAK DRIVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957**

**TITLE S  
NAME INWOOD, MARTYN  
STREET ADDRESS 3666 NW DEER OAK DRIVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957**

**TITLE T  
NAME MADER, DON  
STREET ADDRESS 3504 NW PIN OAK DRIVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

**Sharon Beal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-05 772-528-6031**

Date

Daytime Phone #