

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002420

1. Entity Name

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



Principal Place of Business

**C/O MARTYN INWOOD
3666 NW DEER OAK DR
JENSEN BEACH, FL 34957**

Mailing Address

**C/O MARTYN INWOOD
3666 NW DEER OAK DR
JENSEN BEACH, FL 34957**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3651964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTYN, INWOOD
3666 NW DEER 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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MILES, MARGO
3714 NW PIN OAK DR
JENSEN BEACH, FL 34957**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
NOVAK, STEVE
3744 NW PIN OAK DR
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MAZZINI, ANN
3784 NW PIN OAK DR
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000792573
01/24/08-80013-012 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen T. Novak, Treasurer 1-13-08 772-692-8654