

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 021 ****61.25

DOCUMENT # N06000010825

1. Entity Name
BEACH CLUB AT HAMMOCK DUNES, INC.



Principal Place of Business
**24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL**

Mailing Address
**24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL**

40102387



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-5736775

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

**HASTINGS, VIVIEN N
24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL**

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BYAL, TIM
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 300
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

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

TITLE VD ☐ Delete
NAME SCHUMAKER, JAMES
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 300
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE ☒ Change ☐ Addition
NAME Schumaker, James
STREET ADDRESS 101 East Town Place, Ste 300
CITY-ST-ZIP St. Augustine, FL 32092

TITLE VT ☐ Delete
NAME TIEBOUT-TOURON, MARCIENNE
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☒ Change ☐ Addition
NAME Tiebout-Touron, Marcienne
STREET ADDRESS 24301 Walden Center Dr
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE S ☒ Delete
NAME KEITH, SYLVIA
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Roessle, Aggie
STREET ADDRESS 24301 Walden Center Dr
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Greenberg, Robert
STREET ADDRESS 24301 Walden Center Dr
CITY-ST-ZIP Bonita Springs, FL 34134

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #