

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11540 (4)

1. Corporation Name
JOHN'S ISLAND CLUB, INC.



Principal Place of Business
3 JOHN'S ISLAND DRIVE
~~350 BEACH ROAD~~
VERO BEACH FL 32963

Mailing Address
3 JOHN'S ISLAND DRIVE
~~350 BEACH ROAD~~
VERO BEACH FL 32963

3. Date Incorporated or Qualified **10/10/1985** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business
3 JOHN'S ISLAND DRIVE

2a. Mailing Address
3 JOHN'S ISLAND DRIVE

4. FEI Number **59-2607344** Applied For Not Applicable

22. City & State

27. City & State

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

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country

25. **INDIAN RIVER** 29. Zip Country

30. **INDIAN RIVER**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WRIGHT, J. TREVOR~~
~~350 BEACH ROAD~~
VERO BCH FL 32963

81 Name **BRIAN R. KROH**

82 Street Address (P.O. Box Number is Not Acceptable)
3 JOHN'S ISLAND DRIVE

83

84 City **VERO BEACH** FL 85 Zip Code **32963**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brian R. Kroh*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/13/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, W. T	1.2 NAME	JOHNSTON, G. DONALD
STREET ADDRESS	350 BEACH ROAD 3 JOHN'S ISLAND DRIVE	1.3 STREET ADDRESS	3 JOHN'S ISLAND DRIVE
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULBERTSON, DAVID J	2.2 NAME	MACRAE, DONALD A
STREET ADDRESS	350 BEACH ROAD 3 JOHN'S ISLAND DRIVE	2.3 STREET ADDRESS	3 JOHN'S ISLAND DRIVE
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLEY, HUBBARD JR	3.2 NAME	O'NEILL, DONALD E.
STREET ADDRESS	350 BEACH ROAD	3.3 STREET ADDRESS	3 JOHN'S ISLAND DRIVE
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, G. DONALD	4.2 NAME	
STREET ADDRESS	350 BEACH ROAD 3 JOHN'S ISLAND DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	000001886860 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-07/09/96--01013--027
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald A Macrae* Date: *6/13/96* 407-231-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)