


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20668 (2)**  
 1. Corporation Name  
**DATAW ISLAND CLUB, INC.**



Principal Place of Business	Mailing Address
C/O L. ALEXANDER SUITE 1100, 505 S. FLAGLER W PALM BEACH FL 33401 US	C/O L. ALEXANDER SUITE 1100, 505 S FLAGLER WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified	05/15/1987
4. FEI Number	57-0868425
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Dataw Island Club
22 City & State	27 Post Office Box 819
23 Zip	28 Beaufort SC 29901
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAM F. COCHRANE, C/O L. ALEXANDER**  
**505 S. FLAGLER DRIVE**  
**SUITE 1100**  
**W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRANE, WILLIAM F.	1.2 NAME	
STREET ADDRESS	100 DATAW CLUB RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DATAW ISLAND SC	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDAUGH, LORI S.	2.2 NAME	
STREET ADDRESS	100 DATAW CLUB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DATAW ISLAND SC	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, ARTHUR F.	3.2 NAME	
STREET ADDRESS	100 DATAW CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DATAW ISLAND SC	3.4 CITY-ST-ZIP	
TITLE	President (D) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Buchannan	4.2 NAME	
STREET ADDRESS	100 Dataw Club Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dataw Island, SC 29920	4.4 CITY-ST-ZIP	
TITLE	Robert Spengler Treasurer (D) <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Spengler	5.2 NAME	
STREET ADDRESS	100 Dataw Club Road (D)	5.3 STREET ADDRESS	
CITY-ST-ZIP	Dataw Island SC 29920	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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; 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: \_\_\_\_\_

CR2E037 (10/97)