

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90323 007 \*\*\*\*61.25

**DOCUMENT # N24310**

1. Entity Name  
ISLAND DUNES COUNTRY CLUB, INC.



Principal Place of Business  
8735 S. OCEAN DRIVE  
JENSEN BEACH, FL 34957 US

Mailing Address  
8735 S. OCEAN DRIVE  
JENSEN BEACH, FL 34957 US

**50010170**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2877893

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

CORNETT, JANE L ESQ.  
401 EAST OSCEOLA STREET  
STUART, FL 34994

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, 2006**

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	V	<input type="checkbox"/> Delete
NAME	MUELLER, ED S	
STREET ADDRESS	8735 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, DOUG	
STREET ADDRESS	8750 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, ROBERT	
STREET ADDRESS	8880 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOGGARD, DAVE	
STREET ADDRESS	8880 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESCEKER, JAMES	
STREET ADDRESS	8750 S OCEAN DR	
CITY-ST-ZIP	JENSEN BCH, FL 34957	
TITLE	AST	<input type="checkbox"/> Delete
NAME	MORGAN, KANDICE	
STREET ADDRESS	8735 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	

TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Agnelto	
STREET ADDRESS	8880 S. OCEAN DRIVE	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Grace	
STREET ADDRESS	8735 S. OCEAN DR	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kandice D. Morgan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kandice D. Morgan*

4-3-06 712 229-0803

Date

Daytime Phone #