2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-19-2007 90413 009 ****61.25

DOCUMENT # N24310

1. Entity Name

ISLAND DUNES COUNTRY CLUB, INC.

66U13400

1st MOORE CR2E037 (10/06)

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

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

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's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	☐ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME	MUELLER, ED S		NAME	Pete Camplin	
STREET ADDRESS	8735 S. OCEAN DRIVE		STREET ADDRESS	8880 S. Ocean Drive	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	AGNELLO, RICHARD		NAME		
STREET ADDRESS	8880 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAMMOND, ROBERT		NAME		
STREET ADDRESS	8880 S. OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRACE, TOM		NAME		
STREET ADDRESS	8735 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BESCEKER, JAMES		NAME		
STREET ADDRESS	8750 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH FL 34957		CITY-ST-ZIP		
TITLE	AST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORGAN, KANDICE		NAME		
STREET ADDRESS	8735 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Kandice D. Morgan AST. 5-2-07 772 2290803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #