

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 028 ****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



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

1st MOORE

CR2E037 (10/07)

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

FILE NOW: 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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MUELLER, ED S
8735 S. OCEAN DRIVE
JENSEN BEACH FL 34957 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAMPLIN, PETE
8880 S OCEAN DR
JENSEN BEACH FL 34957 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Caldwell, Adele
8800 S. Ocean Drive
Jensen Beach, FL 34957 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAMMOND, ROBERT
8880 S. OCEAN DR
JENSEN BEACH FL 34957 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRACE, TOM
8735 S OCEAN DR
JENSEN BEACH FL 34957 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Lee Haas
8800 S. Ocean Drive
Jensen Beach, FL 34957 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BESCEKER, JAMES
8750 S OCEAN DR
JENSEN BCH FL 34957 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AST
MORGAN, KANDICE
8735 S OCEAN DR
JENSEN BEACH FL 34957 ☐ Delete

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

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 Sec/Trea.** **712** **3/24/08** **229-0803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #