2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N24310

Entity Name: ISLAND DUNES COUNTRY CLUB, INC.

Current Principal Place of Business:

8735 S. OCEAN DRIVE
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

8735 S. OCEAN DRIVE
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 59-2877893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MUELLER, ED S
Address: 8735 S. OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S ( ) Delete
Name: CALDWELL, ADELE
Address: 8800 S.OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: P ( ) Delete
Name: HAMMOND, ROBERT
Address: 8880 S. OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete
Name: HAAS, LEE
Address: 8800 S. OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: BESCEKER, JAMES
Address: 8750 S OCEAN DR
City-St-Zip: JENSEN BCH, FL 34957

Title: AST ( ) Delete
Name: MORGAN, KANDICE
Address: 8735 S OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUELLER, ED S
Address: 8735 S. OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PAOLETTI, FRED
Address: 8800 S. OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: T (X) Change ( ) Addition
Name: GRACE, TOM
Address: 8750 S. OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KANDICE MORGAN AST 04/30/2009

Electronic Signature of Signing Officer or Director — Date