

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 034 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N28126 1. Entity Name WILLOUGHBY GOLF CLUB, INC. | | | | | |
| Principal Place of Business 3001 SE DOUBLETION DR STUART, FL 34997 US | | | Mailing Address 3001 SE DOUBLETION DR STUART, FL 34997 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04052004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 65-0097237 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| REILLY, MICHELE E 3001 SE DOUBLETION DR STUART, FL 34997 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | DP SUTCH, RICHARD 3001 SE DOUBLETION DR STUART, FL 34997 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CAL HUNTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OWENS, GORDON 3001 SE DOUBLETION DR STUART, FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOUG BIEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GETTIER, GLENN 3001 SE DOUBLETION DR STUART, FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RON FELICI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WASHBURN, WILLIAM 3001 SE DOUBLETION DR STUART, FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEORGE MACLEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILLIPS, EDWARD 3001 SE DOUBLETION DR STUART, FL 34997 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARBARA MANS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GINNETTI, JOHN (addition) <input type="checkbox"/> Delete 3001 SE DOUBLETION DRIVE STUART, FL 34997 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELIZABETH NEWCOMB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 SE DOUBLETION DRIVE STUART, FL 34997 | | |
| 12. 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 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: <i>Dorton Owens</i> | | 4/20/04 | | 772-220-6000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D RICHARD PETTIT (addition)
3001 SE DOUBLETTON DRIVE
STUART, FL 34997

DD GLENN WEBBER (addition)
3001 SE DOUBLETTON DRIVE
STUART, FL 34997

(Attachment)
#N 28126
44037167