

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90061 045 \*\*\*\*70.00

DOCUMENT # **N29190**

1. Corporation Name

**WILLOUGHBY GOLF CLUB, INC.**

Principal Place of Business

3001 S. E. DOUBLETON DRIVE  
STUART FL 34997  
US

Mailing Address

1300 S.E. INDIAN STREET  
STUART FL 34997



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3001 SE DOUBLETON DRIVE		11/08/1988	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 STUART, FL		65-0087089	
24 Country		29 34997		30	
25		30		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, STEVEN C  
3001 S.E. DOUBLETON DR.  
STUART FL 34997

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUVALL, MARK V.			1.2 NAME	Jack Farn		
STREET ADDRESS	1300 SE INDIAN ST			1.3 STREET ADDRESS	3001 SE Doubleton Drive		
CITY-ST-ZIP	STUART FL 34997			1.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUNBAR, ALAN G.			2.2 NAME	Walter Ferris		
STREET ADDRESS	1300 S.E. INDIAN STREET			2.3 STREET ADDRESS	3001 SE Doubleton Drive		
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEWIS, STEVEN C.			3.2 NAME	John Alar		
STREET ADDRESS	1300 S.E. INDIAN STREET			3.3 STREET ADDRESS	3001 SE Doubleton Drive		
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEAN, WILLIAM M.			4.2 NAME	Lin McLellan		
STREET ADDRESS	585 NE OCEAN BLVD			4.3 STREET ADDRESS	3001 SE Doubleton Drive		
CITY-ST-ZIP	STUART FL 34996			4.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICIA M			5.2 NAME	Robert Sauerberg		
STREET ADDRESS	585 NE OCEAN BLVD			5.3 STREET ADDRESS	3001 SE Doubleton Drive		
CITY-ST-ZIP	STUART FL 34996			5.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Farn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

561-220-6000

Date

Daytime Phone #

CR2E037 (5/99)