

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90171 042 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N31768

1. Entity Name

ISLAND DUNES YACHT CLUB, INC.



Principal Place of Business

8735 S. OCEAN DRIVE
JENSEN BEACH FL 34957
US

Mailing Address

8735 S. OCEAN DRIVE
STE 2800
JENSEN BEACH FL 34957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, JOSEPH
8735 S. OCEAN DRIVE
JENSEN BEACH FL 34957

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

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

TITLE DS
NAME WHITCOMB, CLIF
STREET ADDRESS 8735 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL ☐ Delete

TITLE VPD
NAME SCHOFIELD, SETH
STREET ADDRESS 8850 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL ☒ Delete

TITLE PD
NAME MOLNAR, JOHN
STREET ADDRESS 8800 S OCEAN DR
CITY-ST-ZIP JENSEN BECH FL ☒ Delete

TITLE DT
NAME CHANDLER, JOSEPH
STREET ADDRESS 8735 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President, Director
NAME Haddad, Richard
STREET ADDRESS 8735 S. Ocean Dr
CITY-ST-ZIP Jensen Bch, FL 34957 ☐ Change ☒ Addition

TITLE Vice President, Director
NAME Jinx Johnson
STREET ADDRESS 8735 S. Ocean Dr
CITY-ST-ZIP Jensen Bch FL 34957 ☐ Change ☒ Addition

TITLE Vice President, Director
NAME Mike Pappas
STREET ADDRESS 8735 S. Ocean Dr
CITY-ST-ZIP Jensen Beach FL 34957 ☐ Change ☒ Addition

TITLE Treasurer, Director
NAME Phil W. H. Haddad
STREET ADDRESS 8735 S. Ocean Dr
CITY-ST-ZIP Jensen Beach FL 34957 ☐ Change ☒ Addition

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

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 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:

Richard Haddad

Richard Haddad 6721
47403 229-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)