


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000006342</b>				
1. Entity Name <b>ORCHID ISLAND GOLF &amp; BEACH CLUB, INC.</b>				
Principal Place of Business <b>1 BEACHSIDE DR ORCHID ISLAND FL 32963</b>		Mailing Address <b>3125 WINDSOR BLVD VERO BCH FL 32963</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
<b>QUINN, JEROME D</b> <b>3111 CARDINAL DR</b> <b>VERO BEACH FL</b>				
7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				
<b>FL</b> 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 _____				
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make Check Payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS				
TITLE	VD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
NAME	JUSTICE, MARK		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3125 WINDSOR BLVD.		<b>U00000360555</b> <b>05/05/05-80098-002 61.25</b>	
CITY - ST - ZIP	VERO BEACH FL 32963			
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOMEY, ROBERT			
STREET ADDRESS	3125 WINDSOR BLVD			
CITY - ST - ZIP	VERO BEACH FL 32963			
TITLE	SD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, JEROME D			
STREET ADDRESS	3111 CARDINAL DR			
CITY - ST - ZIP	VERO BEACH FL 32963			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lines empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone