


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90289 001 ***122.50

DOCUMENT # N94000006342 1. Entity Name ORCHID ISLAND GOLF & BEACH CLUB, INC.					
Principal Place of Business 1 BEACHSIDE DR ORCHID ISLAND, FL 32963			Mailing Address 3125 WINDSOR BLVD VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>One Beachside Drive</i>			
City & State		City & State <i>Orchid Island, FL</i>		4. FEI Number 65-0543985	
Zip 32963		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, JEROME D 3111 CARDINAL DR VERO BEACH, FL				7. Name and Address of New Registered Agent Name <i>J. Robert Tench</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Beachside Drive</i> <i>Orchid, FL</i> City <i>Orchid</i> FL Zip Code <i>32963</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD JUSTICE, MARK 3125 WINDSOR BLVD. VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Waterston One Beachside Dr Orchid, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEOUGH, JOHN 3125 WINDSOR BLVD VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Crosby One Beachside Drive Orchid, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINN, JEROME D 3111 CARDINAL DR VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joe Joyce One Beachside Dr Orchid, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>[Signature]</i> James R. Waterston <i>3/25/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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