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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000005267

1. Corporation Name

JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC.

160134 90056 21

Principal Place of Business

Mailing Address

759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994

759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 65-0891857

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country 25

28 Zip Country 29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCANN, LINDA R ESQ. 759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994

81 Name

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

83 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

DELETED

DELETED

PD MALAVASI, SANTIAGO 1615 FORUM PLACE #4-E WEST PALM BEACH FL 33401

SD MCCANN, LINDA R ESQ. 759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994

TD BARNWELL, KAREN M 1615 FORUM PLACE #4-E WEST PALM BEACH FL 33401

DELETED

DELETED

DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda R. McCann

2/11/99

561-288-1144

Date

Daytime Phone #

CR2E037 (1/198)