

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 24 1999 8:00 am
Secretary of State

DOCUMENT # N98000005267

1. Corporation Name
JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
759 South Federal Highway #212 759 South Federal Highway
Stuart, FL 34994 #212
Stuart, FL 34994

600002921496--6
-07/01/99--01097--001
*******61.75 *****61.75**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 USA 29 30

3. Date Incorporated or Qualified
09/15/98
4. FEI Number Applied For
65-0891857 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MCANN, LINDA R. ESQ.
759 South Federal Highway #212
Stuart, FL 34994

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALAVASI, SANTIAGO	
STREET ADDRESS	1615 Forum Place #4-E	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCANN, LINDA R. ESQ.	
STREET ADDRESS	759 South Federal Highway #212	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARNWELL, KAREN M.	
STREET ADDRESS	1615 Forum Place #4-E	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOSS, ARDEN JR.	
1.3 STREET ADDRESS	3350 NW Royal Oak Drive	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCANN, LINDA R. ESQ.	
2.3 STREET ADDRESS	759 South Federal Highway #212	
2.4 CITY-ST-ZIP	Stuart, FL 34994	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOSS, RENEE MOTTRAM	
3.3 STREET ADDRESS	3350 NW Royal Oak Drive	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MALAVASI, SANTIAGO	
4.3 STREET ADDRESS	1615 Forum Place #4-E	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arden Doss, Jr Date: _____ Daytime Phone #: _____

CR2E034 (11/98)