


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90167 030 ****70.00

DOCUMENT # N98000005267	
1. Entity Name JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC.	

Principal Place of Business C/O DACAR MANAGEMENT LLC 336 E DANIA BEACH BLVD DANIA, FL 33004 US	Mailing Address C/O DACAR MANAGEMENT LLC 336 E DANIA BEACH BLVD DANIA, FL 33004 US
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DO NOT WRITE IN THIS SPACE

02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0891857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-VELEZ, CARLOS
336 E DANIA BEACH BLVD
DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOSS, ARDEN JR. 3350 NW ROYAL OAK DRIVE JENSON BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOSS, RENEE MOTTRAM 3350 NW ROYAL OAK DRIVE JENSON BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, AVA M 336 DANIA BEACH BLVD DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: DAVID MICHA 4/19/04 954-927-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #