


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 038 ****61.25

DOCUMENT # N98000005267

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



Principal Place of Business
**C/O DICKENSON MANAGEMENT
 7136 SE OSPREY CT
 HOBE SOUND, FL 33455 US**

Mailing Address
**C/O DICKENSON MANAGEMENT
 7136 SE OSPREY CT
 HOBE SOUND, FL 33455 US**

40040010

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0891857

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GARCIA-VELEZ, CARLOS
 336 E DANIA BEACH BLVD
 DANIA, FL 33004**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> Delete
NAME	DOSS, ARDEN JR.	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	JENSON BEACH, FL 34957	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOSS, RENEE MOTTRAM	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	JENSON BEACH, FL 34957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROWE, RHONDA	
STREET ADDRESS	3350 NW ROYAL OAK DR.	
CITY-ST-ZIP	JENSON BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNY, WALTER	
STREET ADDRESS	7136 SE OSPREY ST.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORDICKER, TOM	
STREET ADDRESS	7136 SE OSPREY ST.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Mazzini	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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)(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: *Walter* **3-22-05** **561-354-1154**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #