

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG 31 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212005 Chg-NP CR2E037 (10/03)

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			
2. Principal Place of Business c/o BRISTOL MGT SVCS Suite, Apt. #, etc. 1930 COMMERCE LN, # 1		3. Mailing Address c/o BRISTOL MGT SVCS Suite, Apt. #, etc. 1930 COMMERCE LANE, # 1			
City & State JUPITER FL		City & State JUPITER FL 33458		4. FEI Number 65-0891857	
Zip 33458		Country PAUM BEACH		5. Certificate of Status Desired <input 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				7. Name and Address of New Registered Agent Name STEVE INGLIS Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LANE, SUITE 1 City JUPITER FL Zip Code 33458	
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.		DATE 8/19/05 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300059393573 09/07/05--01027--023 **61.25		
NAME	DOSS, ARDEN JR.	NAME			
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JENSON BEACH, FL 34957	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Ecker AUG 31 2005		
NAME	DOSS, RENEE MOTTRAM	NAME			
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JENSON BEACH, FL 34957	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, RHONDA	NAME			
STREET ADDRESS	3350 NW ROYAL OAK DR.	STREET ADDRESS			
CITY-ST-ZIP	JENSON BEACH, FL 34957	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENNY, WALTER	NAME			
STREET ADDRESS	7136 SE OSPREY ST.	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAZZINI, ANN	NAME			
STREET ADDRESS	7136 SE OSPREY ST.	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 8/19/05	
				Daytime Phone # 561-354 1154	