

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 038 ****61.25

DOCUMENT # N98000005267

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



Principal Place of Business

C/O BRISTOL MGT SVCS
1930 COMMERCE LANE, #1
JUPITER, FL 33458 US

Mailing Address

543 NW Lake Whitney Place
Suite # 101
Port St. Lucie, FL 34986
C/O BRISTOL MGT SVCS
1930 COMMERCE LANE, #1
JUPITER, FL 33458 US



03072008 No Chg-NP

CR2E037 (4/06)

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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

INGLIS, STEVE
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 34458

CONNOLLY, HOWARD
4629 NW Royal Oak Dr.
Jensen Beach, FL
34957

**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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOSS, ARDEN JR.
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSON BEACH, FL 34957
TITLE	DST
NAME	DOSS, RENEE MOTTRAM
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSON BEACH, FL 34957
TITLE	DVP
NAME	ROWE, RHONDA
STREET ADDRESS	3350 NW ROYAL OAK DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	PENNY, WALTER
STREET ADDRESS	7136 SE OSPREY ST.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	WITDORCHIC, STEVE
STREET ADDRESS	4633 NW RED MAPLE DR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	HOWARD CONNOLLY
STREET ADDRESS	4629 NW Royal Oak Drive
CITY-ST-ZIP	Jensen Beach FL 34957

DELETE

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thomas P. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

772 692-4877

Daytime Phone #