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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000047549 (5) DOCUMENT #

JENSEN BEACH GOLF CLUB, INC.

Principal Place of Business 505 S. FLAGLER DR., STE, 1100 Mailing Address

## **FILED** Feb 05 1998 8:00am Secretary of State



505 S. FLAGLER DR., STE. 1100 PALM BEACH FL 33401 PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζĺρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 X Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALEXANDER, LARRY B 81 Name 505 S. FLAGLER DR., STE. 1100 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33401 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MULVEY, STEPHEN W NAME 1.2 NAME 505 S. FLAGLER DR., STE. 1100 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33401 CITY-ST-ZIP 1,4 CITY-ST-ZIP TATLE DELETE 2.1 TITLE Change Addition NOSCHESE, LOUIS NAME 2.2 NAME 505 S. FLAGLER DR., STE. 1100 STREET ADORESS 2.3 STREET ADDRESS PALM BEACH FL 33401 CITY - ST- ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HAMILTON, JOHN NAME 3.2 NAME 505 S. FLAGLER DR., STE. 1100 STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH FL 33401 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TATLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY-ST-ZIP 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 accessive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address.

**SIGNATURE:** 

501-692-3325

CR2E034