

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735211

**FILED**  
**Mar 19, 2017**  
**Secretary of State**  
**CC5994238132**

**Entity Name:** HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 SE FEDERAL HWY.  
SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

1111 SE FEDERAL HWY.  
SUITE 100  
STUART, FL 34994 US

**FEI Number: 59-1803807**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH L. ESQ.  
ROSS EARLE BONAN & ENSOR, P.A.  
789 SW FEDERAL HWY SUITE 101  
STUART, FL 34994 US

*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.*

**SIGNATURE: DEBORAH L. ROSS**

**03/19/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WILSON, ANNAMARIE  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title VPD  
Name WILLIAMS, THOMAS  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title TD  
Name STACKS, DON  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title SD  
Name MIHALJEVIC, RICK  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title D  
Name CODEN, JACK  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANNAMARIE WILSON**

**PRESIDENT**

**03/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date