

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28126

**Entity Name:** WILLOUGHBY GOLF CLUB, INC.**Current Principal Place of Business:**3001 SE DOUBLETON DR  
STUART, FL 34997**Current Mailing Address:**3001 SE DOUBLETON DR  
STUART, FL 34997 US**FEI Number:** 65-0097237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, KIRSTY  
3001 SE DOUBLETON DR  
STUART, FL 34997 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROBERTS, JOHN  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

Title            TREASURER  
Name            LOGAN, HANK  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            BONNACCORSO, SILVIA  
Address        3001 SE DOUBLETON DR.  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            FITZGERALD, NEIL  
Address        3001 DOUBLETON DR  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            MOORE, ALEX  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

Title            VP  
Name            MARKEY, ARTHUR  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            CHRISTIE, ROBERT  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            TURANO, TURANO  
Address        3001 SE DOUBLETON DR  
City-State-Zip: STUART FL 34997

**Continues on page 2**

*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: HANK LOGAN****TREASURER****02/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                NEVIN, JACK  
Address             3001 SE DOUBLETON DR  
City-State-Zip:    STUART FL 34997

Title                 DIRECTOR  
Name                TONRA, JOAN  
Address             3001 SE DOUBLETON DR.  
City-State-Zip:    STUART FL 34997

Title                 DIRECTOR  
Name                RAMIL, ELLEN  
Address             3001 SE DOUBLETON DR.  
City-State-Zip:    STUART FL 34997