

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

DOCUMENT# N96000004979

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC4152686687**

**Entity Name:** THE FLORIDA CLUB PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9250 OLD ROYAL DRIVE  
STUART, FL 34997

**Current Mailing Address:**

543 NW LAKE WHITNEY PLACE,  
STE. 101  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 65-0727569

**Certificate of Status Desired:** No

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

ROSS EARLE & BONAN, P.A.  
789 S. FEDERAL HIGHWAY  
STE 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

04/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MULLINS, JOE  
Address        543 NW LAKE WHITNEY PLACE  
                  STE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title            SECRETARY  
Name            CARRADINI, ROBIN  
Address        543 NW LAKE WHITNEY PL.  
                  STE. 101  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTOR  
Name            ADKINS, JAMES  
Address        543 NW LAKE WHITNEY PLACE  
                  STE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title            TREASURER  
Name            GERBER, ALLAN  
Address        543 NW LAKE WHITNEY PLACE  
                  STE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            MALONE, LINDA  
Address        543 NW LAKE WHITNEY PLACE  
                  STE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title            VP  
Name            FEAGIN, WILLIAM  
Address        543 NW LAKE WHITNEY PLACE  
                  STE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            PARKER, ARTHUR  
Address        543 NW LAKE WHITNEY PL.  
                  STE. 101  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** JOE MULLINS

**PRESIDENT**

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date