

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01320

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC2091753790**

**Entity Name:** OAKS CLUB CORPORATION

**Current Principal Place of Business:**

301 MACEWEN DRIVE  
OSPREY, FL 34229

**Current Mailing Address:**

301 MACEWEN DRIVE  
OSPREY, FL 34229

**FEI Number:** 59-2369514

**Certificate of Status Desired:** No

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

HARTIGAN, JEFF  
301 MACEWEN DRIVE  
OSPREY, FL 34229 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 SECRETARY, DIRECTOR  
Name JOHNSON, ALICE  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name RYAN, FRED  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name SOUTHORN, MALCOLM  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR, PRESIDENT  
Name CLACK, CHARLES  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name FERRUCCI, PETER  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR, VP  
Name HAZLETT, TIM  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title TREASURER, DIRECTOR  
Name KELLER, ROBERT  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name BUTLER, CAROLYN  
Address 301 MACEWEN DRIVE  
City-State-Zip: OSPREY FL 34229

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*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:** CHARLES CLACK

**PRESIDENT/DIRECTOR**

**04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KOCH, CARL  
Address        301 MACEWEN DRIVE  
City-State-Zip:  OSPREY FL 34229