

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 517936			
1. Entity Name ISLAND HOUSE BEACH CLUB, INC.			
Principal Place of Business 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931		Mailing Address 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1832061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHNEEBERGER, PAUL 2560 ESTERO BLVD - 2-D FT MYERS, FL 33931	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV KROULAUDIS, JIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2560 ESTERO BLVD	NAME	700028662787
STREET ADDRESS	FT MYERS BCH, FL 00000,	STREET ADDRESS	02/12/04--01038--028 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, NORMAN	NAME	
STREET ADDRESS	2560 ESTERO BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT MYER BCH, FL 00000,	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEEBERGER, PAUL	NAME	
STREET ADDRESS	2560 ESTERO BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT MYER BCH, FL 00000,	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR. KRETCHMER	NAME	
STREET ADDRESS	2560 ESTERO BLVD 2-A	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MESSINA	NAME	
STREET ADDRESS	2560 ESTERO BLVD 4-B	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.J. PEBBLES	NAME	
STREET ADDRESS	2560 ESTERO BLVD 6-E	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	CITY-ST-ZIP	

12. 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 report or supplemental 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Schneberger 2-5-04 (239)463-7291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #