


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 025 ***150.00

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
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

City & State

City & State

Zip Country

Zip Country

60005666



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1832061

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEEBERGER, PAUL
 2560 ESTERO BLVD
 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

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 _____ DATE _____

Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DV KROULADIS, JIM 2560 ESTERO BLVD FT MYERS BCH, FL 00000.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DP SCHNEEBERGER, PAUL 2560 ESTERO BLVD FT MYER BCH, FL 00000.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DVS KRETCHMER, ARTHUR 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DVT MESSINA, JOSEPH 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DV PEEBLES, PJ 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Schneberger 1-18-06 (239) 463-4291

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