

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720013 (2)

1. Corporation Name
ISLAND CLUB FOUR, INC.
777 S. FEDERAL HWY., NECTARINE BLDG.-4th FLOOR OFFICE
POMPANO BEACH, FLORIDA 33062



Principal Place of Business Mailing Address
SHERMAN & SHERMAN ACCT
4500 N STATE ROAD 7 #101
FT. LAUDERDALE FL 33319
US

% SHERMAN & SHERMA ACCOUNTING
4500 N STATE ROAD 7 #101
FT. LAUDERDALE FL 33319
US

3. Date Incorporated or Qualified **01/08/1971** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1608556	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERMAN & SHERMAN ACCOUNTING 4500 N STATE ROAD 7 SUITE 101 FT. LAUDERDALE FL 33319		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIBILIA, EMILIO J	1.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY., UNIT #M301	1.3 STREET ADDRESS	ZIP CODE: 33062
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANAGAN, MARY T.	2.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY., UNIT #N202	2.3 STREET ADDRESS	ZIP CODE: 33062
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABCOCK, BONITA	3.2 NAME	SYLVIA RANDALL
STREET ADDRESS	777 S. FEDERAL HIGHWAY	3.3 STREET ADDRESS	777 S. FEDERAL HWY., UNIT # M-102
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ATD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINHARDT, FRED	4.2 NAME	RICHARDSON, JOSEPH
STREET ADDRESS	777 S FEDERAL HWY., UNIT #O305	4.3 STREET ADDRESS	777 S. FEDERAL HWY., UNIT # 0-108
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33062
TITLE	ATD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDER, PAUL B	5.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY., UNIT #M104	5.3 STREET ADDRESS	ZIP CODE: 33062
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERLETIC, GARY	6.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY., UNIT #M101	6.3 STREET ADDRESS	ZIP CODE: 33062
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary T. Flanagan DATE: 3/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARY T. FLANAGAN, TREASURER
PHONE: 954-782-0711

CR2E037 (12/95)