


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 042 ****61.25

DOCUMENT # 720013							
1. Entity Name ISLAND CLUB FOUR, INC.							
Principal Place of Business 777 SOUTH FEDERAL HWY NECTARINE BLDG 4TH FLOOR OFFICE POMPANO BEACH, FL 33062 US			Mailing Address 777 S FEDERAL HWY NECTARINE BLDG 4TH FLOOR POMPANO BEACH, FL 33062 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02242006 Chg-NP CR2E037 (11/05)			
4. FEI Number 59-1608556			Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RIVA, LOUIS 777 S FEDERAL HWY G118 POMPANO BEACH, FL 33062			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 <u>Louis Riva pres - LOUIS RIVA</u>			DATE <u>2/28/06</u>				
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	MSR VP	<input type="checkbox"/> Delete	TITLE	D	Deborah Davidson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FULLER, WALTER D		NAME		777 S Federal Hwy Unit N205		
STREET ADDRESS	777 S FEDERAL HWY UNIT #N102		STREET ADDRESS		Pompano Beach, FL 33062		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	Gerald Sussman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAROLEO, GLORIA		NAME		777 S. Federal Hwy unit N-102		
STREET ADDRESS	777 S FEDERAL HWY		STREET ADDRESS		Pompano Beach, FL 33062		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	Michael Roemer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RIVA, LOUIS		NAME		777 S. Federal Hwy Unit N-401		
STREET ADDRESS	777 S FEDERAL HWY M104		STREET ADDRESS		Pompano Beach, FL 33062		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	Sid Mowder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JORDAIN, EDMOND		NAME		777 S. Federal Hwy		
STREET ADDRESS	777 S FEDERAL HWY		STREET ADDRESS		Pompano Beach FL 33062		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	Joe Richardson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEBORSKY, STEVE		NAME		777 S Federal Hwy		
STREET ADDRESS	777 S FEDERAL HWY		STREET ADDRESS		Pompano Beach, FL 33062		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRENBAUM, BARRY		NAME				
STREET ADDRESS	777 S FEDERAL HWY		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP				
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 617, 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: <u>Louis Riva pres</u>			LOUIS RIVA		2/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 954-943-0750		