


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90030 049 \*\*\*\*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**

**20006552**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-1608556**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **MGR**  Delete  
 NAME **FULLER, WALTER D**  
 STREET ADDRESS **777 S FEDERAL HWY UNIT #N102**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition  
 NAME **Director Deborah E Davidson**  
 STREET ADDRESS **777 S. Federal Hwy N-205**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **ST**  Delete  
 NAME **CAROLEO, GLORIA**  
 STREET ADDRESS **777 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition  
 NAME **Director Steve Korborsky N-107**  
 STREET ADDRESS **777 S. Federal Hwy**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **P**  Delete  
 NAME **RIVA, LOS**  
 STREET ADDRESS **777 S FEDERAL HWY M104**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition  
 NAME **Director Mike Doemer**  
 STREET ADDRESS **777 S. Federal Hwy, N-401**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **D**  Delete  
 NAME **MOWDER, SID**  
 STREET ADDRESS **777 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition

TITLE **D**  Delete  
 NAME **RICHARDSON, JOE**  
 STREET ADDRESS **777 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition

TITLE **D**  Delete  
 NAME **BIRENBAUM, BARRY**  
 STREET ADDRESS **777 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  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 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: *Gloria Carleo - Gloria Carleo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_