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**Jan 24 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 720014 (0)

1. Corporation Name
ISLAND CLUB ONE, INC.



Principal Place of Business Mailing Address
**777 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062** **777 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062-5968**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/08/1971 **02/27/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1378571		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**JIM E. SOLOMAN & ASSOCIATES P.A.
SUITE 207-209 CYPRESS BEND PLAZA
1180 S. POWERLINE ROAD
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, GLORIA	12 NAME	
STREET ADDRESS	777 S. FEDERAL HWY G-310	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLANTI, JOE	22 NAME	
STREET ADDRESS	777 S. FEDERAL HWY G-202	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JOAN	32 NAME	
STREET ADDRESS	777 S. FEDERAL HWY.	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY	42 NAME	
STREET ADDRESS	777 S FEDERAL HWY	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 00000	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA, BETTY	52 NAME	
STREET ADDRESS	777 S FEDERAL HWY H-102	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCARONE, VINCENT	62 NAME	
STREET ADDRESS	777 S. FEDERAL HWY E-201	63 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	64 CITY-ST-ZIP	

14. I do 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 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: *Betty Miller* + **BETTY MILLER-TREAS.** Date: **1/13/97** Daytime Phone # **954-785-0713**

CR2E037 (9/96)