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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720014 (0)

1. Corporation Name
ISLAND CLUB ONE, INC.



Principal Place of Business 777 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	Mailing Address 777 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified
01/08/1971

4. FEI Number
59-1378571

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **CHERYL J. LEVIN**

82 Street Address (P.O. Box Number is Not Acceptable)
1022 G N.W. 47th ST.

83

84 City **SUNRISE** FL 85 Zip Code **33351**

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 *Sandra B. Mortham* SECRETARY **FEB 17, 1998**

(NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EDWARDS, GLORIA		1.2 NAME FANGHELLA, CAROL	
STREET ADDRESS 777 S. FEDERAL HWY G-310		1.3 STREET ADDRESS 777 S. FEDERAL HWY	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP POMPANO BEACH FLA.	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERLANTI, JOE		2.2 NAME	
STREET ADDRESS 777 S. FEDERAL HWY G-202		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIDSON, JOAN		3.2 NAME HARRIS, DONALD	
STREET ADDRESS 777 S. FEDERAL HWY.		3.3 STREET ADDRESS 777 S. FEDERAL HWY	
CITY-ST-ZIP POMPANO BEACH FL		3.4 CITY-ST-ZIP POMPANO BEACH FL.	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, BETTY		4.2 NAME PODKAMINER, ADELE	
STREET ADDRESS 777 S FEDERAL HWY		4.3 STREET ADDRESS 777 S. FEDERAL HWY	
CITY-ST-ZIP POMPANO BCH., FL 00000		4.4 CITY-ST-ZIP POMPANO BEACH, FL.	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAPA, BETTY		5.2 NAME CARAFI, DOLCINO (GENO)	
STREET ADDRESS 777 S FEDERAL HWY H-102		5.3 STREET ADDRESS 777 S. FEDERAL HWY	
CITY-ST-ZIP POMPANO BEACH FL		5.4 CITY-ST-ZIP POMPANO BEACH, FLA	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STANCARONE, VINCENT		6.2 NAME PASTORELLA, JOSEPH	
STREET ADDRESS 777 S. FEDERAL HWY E-201		6.3 STREET ADDRESS 777 S. FEDERAL HWY	
CITY-ST-ZIP POMPANO BEACH FL		6.4 CITY-ST-ZIP POMPANO BEACH, FLA	

14. I 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 *Sandra B. Mortham* **FEB 17, 1998**

CR2E037 (10/97)