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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720014

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1971	
21	_____	26	_____	4. FEI Number 59-1378571	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22	_____	27	_____	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	_____	28	_____		
Zip Country		Zip Country			
24	_____	25	_____	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVIN, CHERYL J 10226 N.W. 47TH ST SUNRISE FL 33351				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANGHELLA, CAROL	1.2 NAME	THOMAS B. HOBIN
STREET ADDRESS	777 S FEDERAL HWY	1.3 STREET ADDRESS	777 S. FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DONALD	2.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODKAMINER, ADELE	3.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH., FL 00000	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAFI, DOLCINO	4.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTORELLA, JOSEPH	5.2 NAME	
STREET ADDRESS	777 S FEDERAL HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Adele Podkaminer 3/1/99 954-784-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)