

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90129 030 ****61.25



DOCUMENT # 720014
 1. Entity Name
ISLAND CLUB ONE, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
59-1378571 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAYE & ROGER P.A.
6261 NW 6TH WAY
SUITE 103
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address **ROBERT KAYE & ASSOCIATES, P.A.**
6261 N.W. 6th Way
Suite 103
 City **Fort Lauderdale, FL 33305L** 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 *Robert Kaye President* DATE *4-21-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PS SMITH, MICHAEL M 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ralph Blase</i> <i>777 So Federal Hwy H-107</i> <i>Pompano Beach FL 33062</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, DONALD 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALECKI, JAMES P 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Louise Albarracini</i> <i>777 So Federal Hwy H-202</i> <i>Pompano Beach FL 33062</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANCARONE, JIM 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joseph Pastorella</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i># E203</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I HOWELL, MARY 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elizabeth A Papa</i> <i>same</i> <i>H-102</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BARRY 777 S FEDERAL HWY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *ELIZABETH A. PAPA* DATE *4-21-05* DAYTIME PHONE # *9695 954-782-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #