

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90090 025 \*\*\*\*61.25

**DOCUMENT # 720014**

1. Entity 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**



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 (10/05)

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**

**ROBERT KAYE & ASSOCIATES P A  
6261 NW 6TH WAY  
SUITE 103  
FT. LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	BLASE, RALPH	
STREET ADDRESS	777 S FEDERAL HWY H-107	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, DONALD	
STREET ADDRESS	777 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALBORRACINI, LOUISE	
STREET ADDRESS	777 S FEDERAL HWY H-202	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASTORELLA, JOSEPH	
STREET ADDRESS	777 S FEDERAL HWY E 203	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPA, ELIZABETH A	
STREET ADDRESS	777 S FEDERAL HWY H 102	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, BARRY	
STREET ADDRESS	777 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Blase	
STREET ADDRESS	777 S. Federal Hwy H-107 Pompano Beach FL 33062	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Pastorella	
STREET ADDRESS	777 S. Federal Hwy Pompano Beach FL 33062	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary D. Bellio	
STREET ADDRESS	777 S Federal Hwy B-220	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Ralph Blase*      *4/18/06 954 782 9693*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Document Page #