

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720016 (5)**

1. Corporation Name  
**ISLAND CLUB TWO, INC.**



Principal Place of Business <b>777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062</b>	Mailing Address <b>777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062-5968</b>
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3. Date Incorporated or Qualified <b>01/08/1971</b>	3a. Date of Last Report <b>01/29/1996</b>
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	26. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number <b>59-1399721</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, MARION  
777 S. FEDERAL HIGHWAY  
POMPANO BEACH, FL  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>KAPUT, ALFRED</b>	
STREET ADDRESS <b>777 S FEDERAL HWY #316 RP</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KING, JOYCE</b>	
STREET ADDRESS <b>777 S FEDERAL HWY RP 703</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROGERS, KENNETH</b>	
STREET ADDRESS <b>777 S FED HWY R P 116</b>	
CITY-ST-ZIP <b>POMPANO BEACH, FL 00000</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIAMS, MARION</b>	
STREET ADDRESS <b>777 S. FEDERAL HIGHWAY, RP 103</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FALKSON, ROBERT</b>	
STREET ADDRESS <b>777 S FEDERAL RP 616</b>	
CITY-ST-ZIP <b>POMPANO BEACH, FL 00000</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BARRETT, ELMER</b>	
STREET ADDRESS <b>777 S FED HWY R P 606</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SINK, GIERI</b>	
1.3 STREET ADDRESS <b>777 S. FEDERAL HWY #703RP</b>	
1.4 CITY-ST-ZIP <b>POMPANO BEACH, FLA. 33062</b>	
2.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>SHIRLEY SCHIAVONE</b>	
2.3 STREET ADDRESS <b>777 S. FEDERAL HWY. #303RP</b>	
2.4 CITY-ST-ZIP <b>POMPANO BEACH, FLA. 33062</b>	
3.1 TITLE <b>DVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>TINA KAPSANIS</b>	
3.3 STREET ADDRESS <b>777 S. FEDERAL HWY #910RP</b>	
3.4 CITY-ST-ZIP <b>POMPANO B ACH, FLA. 33062</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>DARIA KONIECZKO</b>	
4.3 STREET ADDRESS <b>777 S. FEDERAL HWY #604 RP</b>	
4.4 CITY-ST-ZIP <b>POMPANO BEACH, FLA. 33062</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>MC KAY, MARTINA</b>	
5.3 STREET ADDRESS <b>777 S. FEDERAL HWY. #408 RP</b>	
5.4 CITY-ST-ZIP <b>POMPANO BEACH, FLA. 33062</b>	
6.1 TITLE <b>RITA GALLAGHER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>777 S. FEDERAL HWY #203 RP</b>	
6.3 STREET ADDRESS <b>POMPANO BEACH, FLA. 33062</b>	
6.4 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: *Marion Williams* DATE: **2/21/97** DAYTIME PHONE: **954-246-1338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)