

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90001 027 \*\*\*\*61.25

**DOCUMENT # 720016**

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



66411307



MOORE CR2E037 (11/03)

Principal Place of Business Mailing Address  
**777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062**      **777 SOUTH FEDERAL HIGHWAY ROYAL PALM BLDG. POMPANO BEACH FL 33062**

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1399721** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALTER ROSE**  
**777 S. FEDERAL HIGHWAY RP 810**  
**POMPANO BEACH, FL**  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent  
 Name **Jim Magnanti**  
 Street Address (P.O. Box Number is Not Acceptable) **777 S. FEDERAL HWY Ph 7**  
**Pompano Beach**  
 City **FL** Zip Code **33062**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SULLIVAN, JOHN</b> <b>777 S. FEDERAL HWY 512</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAYLOR, SCOTT</b> <b>777 S. FEDERAL HWY PH4</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>GALLAGHER, RITA</b> <b>777 S FEDERAL HWY RP 203</b> <b>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MADSEN, JIM</b> <b>777 S. FEDERAL HWY 816</b> <b>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIREBAUM, BARRY</b> <b>777 S. FEDERAL HWY PH2</b> <b>POMPANO BEACH FL 33062</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAGNANTI, JIM</b> <b>777 SO FEDERAL HWY RP 507</b> <b>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>GIL KADIN</b> <b>777 S. FEDERAL HWY 217</b> <b>Pompano Beach, FL 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JANET Bushouse</b> <b>777 S. FEDERAL HWY 505</b> <b>Pompano Beach, FL 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Jim Magnanti, President \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #