

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90090 032 \*\*\*\*61.25

DOCUMENT # 720016



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

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

Mailing Address  
**777 SOUTH FEDERAL HIGHWAY  
ROYAL PALM BLDG.  
POMPANO BEACH FL 33062**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1399721**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSE, WALTER~~  
~~777 S. FEDERAL HIGHWAY RP 810~~  
~~POMPANO BEACH, FL~~  
~~POMPANO BEACH FL 33062~~

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 *Jim Magnanti*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-18-03*

FILE NOW: FEE IS \$61.25

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          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ALBERT, LOU</b>                    |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY 716</b>         |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>         |  |
| TITLE          | <b>DVP</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VARDY, JO ANN</b>                  |  |
| STREET ADDRESS | <b>777 S FEDERAL HWY RP 210</b>       |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>         |  |
| TITLE          | <b>DS</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>GALLAGHER, RITA</b>                |  |
| STREET ADDRESS | <b>777 S FEDERAL HWY RP 203</b>       |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>         |  |
| TITLE          | <b>TD</b>                             | <input checked="" 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>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WETTRISH, HOLLY</b>                |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY 216</b>         |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>         |  |
| TITLE          | <b>P</b>                              |  |
| NAME           | <b>MAGNANTI, JIM</b>                  |  |
| STREET ADDRESS | <b>777 SO FEDERAL HWY RP 203 PH4</b>  | <i>Do NOT delete</i>                       |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>         |  |

|                |  |  |
|----------------|--|--|
| TITLE          | <b>SECRETARY</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JOHN SULLIVAN 512</b>               |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY</b>              |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH, FL. 33062</b>        |  |
| TITLE          | <b>TREASURER</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>G-COTT TAYLOR PH4</b>               |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY</b>              |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH 33062</b>             |  |
| TITLE          | <b>DIRECTOR</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jim Madsen 816</b>                  |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY - Pomp Beach</b> |  |
| CITY-ST-ZIP    |  |  |
| TITLE          | <b>DIRECTOR</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>BARRY BIRENBAUM PH 2</b>            |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY</b>              |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH, FL. 33062</b>        |  |
| TITLE          | <b>DIRECTOR</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>STANLEY GOMELIA 806</b>             |  |
| STREET ADDRESS | <b>777 S. FEDERAL HWY</b>              |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH 33062</b>             |  |
| 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 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: *A.C. NAST* SIGNATURE REQUIRED *Jim Magnanti 3-18-03 954946-1338*

CR2E037 (10/02)