

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **727861** (7)  
1. Corporation Name  
**ISLAND CLUB CONDOMINIUM, INC.**

APPROVED  
AND  
FILED

95 MAR -2 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C/O THE ACCOUNTING HOUSE 11400 OVERSEAS HWY #108 MARATHON FL 33050  
C/O THE ACCOUNTING HOUSE 11400 OVERSEAS HWY #108 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/25/1973</b>	3a. Date of Last Report <b>02/28/1994</b>
4. FEI Number <b>59-1679054</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent  
**BEAKES, JOAN E.**  
11400 OVERSEAS HWY #108  
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALLARD, DONALD
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 00000
TITLE	D
NAME	METHVEN, STEVE
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 00000
TITLE	ST
NAME	FISCHER, JACK
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON FL
TITLE	VP
NAME	GULLICK, GEORGE
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 00000
TITLE	D
NAME	NELSON, CHARLES
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 00000
TITLE	D
NAME	BOHMKER, FRED
STREET ADDRESS	9 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ballard, Donald	
1.3 STREET ADDRESS	9 Sombrero Blvd	
1.4 CITY-ST-ZIP	Marathon, FL 33050	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Methven, Stephen	
2.3 STREET ADDRESS	9 Sombrero Blvd.	
2.4 CITY-ST-ZIP	Marathon, FL 33050	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maybee, Marge	
3.3 STREET ADDRESS	9 Sombrero Blvd.	
3.4 CITY-ST-ZIP	Marathon, FL 33050	
4.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gullick, George	
4.3 STREET ADDRESS	9 Sombrero Blvd.	
4.4 CITY-ST-ZIP	Marathon, FL 33050	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nelson, Charles	
5.3 STREET ADDRESS	9 Sombrero Blvd.	
5.4 CITY-ST-ZIP	Marathon, FL 33050	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Marie Bohmker	
6.3 STREET ADDRESS	9 Sombrero Blvd.	
6.4 CITY-ST-ZIP	Marathon, FL 33050	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen D. Methven Feb. 27, 1995 (BoS) 743-3986  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Optional Phone #)