## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

Mar 06 1998 8:00am Secretary of State

ISEAND CLOB CONDOMINIUM, INC.							
Principal Place of Business		Mailing Address					
O/S THE RECOUNTING HOUGE TRACE OVERSEAS HWY #108 MARATHON FL 33050		O <del>/O THE ACCOUNTING HO</del> USE 17400 OVERSEAS HWY #108 MARATHON FL-93959				3. Date Incorporated or Qualified  10/25/1973  4. FEI Number  FO 167005 4  Applied For	
2. Principal P	lace of Business	28. Mailing Address				59-1679054   Not Applicable	
21 9 Sombrero Blud		28 PU BOX 504458				5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
City & Stale		City & State		· · · · · · · · · · · · · · · · · · ·	7. Is this nonprofit corporation a homeowners association?		
23 Marathon FL		20 Marathon, Fl				☐ Yes ☐ No	
Zip 24 3 3 0	Country	29 3 3050	-n	untry	nnoe	8. This corporation owes or has paid the current year Intangible	
24 3 30	9. Name and Address of Current		30 1	יטרי	1100	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
81 Name					Name	10. Harris ditte Address of How Hogister of Agent	
PIERCE, CHARLOTTE S				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	RPOISE DRIVE			Ш	Street Addre	ass (r.o. box Mullion is Not Acceptable)	
MARATH	ON FL 33050			63			
				84	City	85 Zip Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statut	as tha a	baye	named corn	existing submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State of	of Florida, Such change was a	authorize	d by	the corporation	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Triaminal with, and accept the congar	norts of, Section 617,0505, FR	Jilua Stai	(UIOS	•		
	Signature, typod or printed name of registered agent	I and title if applicable (NOT	E: Registere	d Ager	nt signature require	ed when rainstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 10			L Change L Addition	
NAME	BALLARD, DONALD		1,2 N/				
STREET ADDRESS CITY-ST-ZIP	9 SOMBRERO BLVD MARATHON, FL 00000				ADDRESS		
TITLE	P/D	DELETE	1.4 Ci	ITY-ST	-ZiP	☐ Change ☐ Addition	
NAME	METHVEN, STEVE		2.2 N/			_ Onlings _ Marketi	
STREET ADDRESS	9 SOMBRERO BLVD				ADDRESS	• •	
CITY-ST-2IP	MARATHON, FL 00000		2. 4 CITY-ST-ZIP				
TITLE	ST T			3.1 TITLE		Change Addition	
NAME	MÁYBÉE, MARGE		3.2 N/	AME			
STREET ADDRESS	9 SOMBRERO BLVD		3.3 ST	TREET A	ADDRESS		
City-St-2iP	MARATHON FL		3 4. C	ITY-S	r-ZIP		
TATLE	VP/D	☐ DELETE	4.1 TI	TLE		Change Addition	
NAME	GULLIČK, GEORGE		4. 2 N				
STREET ADDRESS	9 SOMBRERO BLVD				VDDRESS		
CITY-ST-ZIP TITLE	MARATHON, FL 00000 D	DELETE		TY-ST	- ZIP	☐ Change ☐ Addition	
NAME	DORNBACK, BILL		5.1 Till 5.2 NA			Change Addition	
STREET ADORESS	0				LDDRESS		
CITY+ST-ZIP	MARATHON, FL 00000			TY-ST			
TITLE	D	☐ DELETE	6.1 TII			Change Addition	
NAME	BOHMKER, MARIE		6.2 NA	AME			
STREET ADDRESS	9 SOMBRERO BLVD		6.3 ST	REET A	NDORESS .		
CITY-ST-ZIP	MARATHON, FL 00000		64 CI	TY-ST	- ZIP		
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 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.							