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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727861

1. Corporation Name
ISLAND CLUB CONDOMINIUM, INC.

Principal Place of Business 9 SOMBRERO BLVD MARATHON FL 33050 US	Mailing Address P.O. BOX 504488 MARATHON FL 33050 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/25/1973
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1679054
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip
30 Country		

9. Name and Address of Current Registered Agent

PIERCE, CHARLOTTE S
8042 PORPOISE DRIVE
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	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, DONALD	1.2 NAME	Steve Hawes
STREET ADDRESS	9 SOMBRERO BLVD	1.3 STREET ADDRESS	9 Sombrero # 108
CITY-ST-ZIP	MARATHON, FL 00000	1.4 CITY-ST-ZIP	Marathon FL 33050
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METHVEN, STEVE	2.2 NAME	Jean Symphon
STREET ADDRESS	9 SOMBRERO BLVD	2.3 STREET ADDRESS	9 Sombrero # 107
CITY-ST-ZIP	MARATHON, FL 00000	2.4 CITY-ST-ZIP	Marathon FL 33050
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBEE, MARGE	3.2 NAME	Merle Clarke
STREET ADDRESS	9 SOMBRERO BLVD	3.3 STREET ADDRESS	9 Sombrero # 204
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	Marathon FL 33050
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLICK, GEORGE	4.2 NAME	Edward A Heam
STREET ADDRESS	9 SOMBRERO BLVD	4.3 STREET ADDRESS	9 Sombrero Blvd # 208
CITY-ST-ZIP	MARATHON, FL 00000	4.4 CITY-ST-ZIP	Marathon FL 33050
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNBACK, BILL	5.2 NAME	
STREET ADDRESS	9	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHMKER, MARIE	6.2 NAME	D/VP
STREET ADDRESS	9 SOMBRERO BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 00000	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 2/22/99 305-743-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)