

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 015 ****61.25

DOCUMENT # 727861
1. Entity Name
 ISLAND CLUB CONDOMINIUM, INC.

Principal Place of Business
 9 Sombrero Blvd
 Marathon, FL 33050

Mailing Address
 PO Box 504458
 Marathon, FL 33050

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
 59-1679054

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Charlotte S. Pierce
 8042 Porpoise Drive
 Marathon, FL 33050

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D/P	NAME Chris Anisko	<input type="checkbox"/> Delete
STREET ADDRESS 9 Sombrero Blvd, #209	CITY-ST-ZIP Marathon, FL 33050	
TITLE D/VP	NAME Merle Clark	<input type="checkbox"/> Delete
STREET ADDRESS 9 Sombrero Blvd, #204	CITY-ST-ZIP Marathon, FL 33050	
TITLE D/S/T	NAME Judy Dornback	<input type="checkbox"/> Delete
STREET ADDRESS 9 Sombrero Blvd, #205	CITY-ST-ZIP Marathon, FL 33050	
TITLE D	NAME Ernest Houmshell	<input type="checkbox"/> Delete
STREET ADDRESS 9 Sombrero Blvd, #101	CITY-ST-ZIP Marathon, FL 33050	
TITLE D	NAME Stephen Hawes	<input type="checkbox"/> Delete
STREET ADDRESS 9 Sombrero Blvd, #108	CITY-ST-ZIP Marathon, FL 33050	
TITLE D	NAME Donald Ballard	<input type="checkbox"/> Delete
STREET ADDRESS 3692 Calderwood Drive	CITY-ST-ZIP Rockford, IL 61114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 *Chris Anisko* **Chris Anisko** **4/24/00** **305-743-4894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)