


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2005 OCT 26 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727861			
1. Entity Name ISLAND CLUB CONDOMINIUM, INC.			
Principal Place of Business 5701 OVERSEAS HWY #7 MARATHON, FL 33050 US		Mailing Address C/O BUSCH & MORATO, CPA'S 5800 OVERSEAS HWY STE 6 MARATHON, FL 33050 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROCHE, BENJAMIN CPA 5701 OVERSEAS HIGHWAY STE 7 MARATHON, FL 33050		Name <i>Linda Kruszka</i> Street Address (P.O. Box Number is Not Acceptable) <i>5800 Overseas Highway</i> City <i>Marathon</i> FL Zip Code <i>33050</i>	
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 <i>Linda M Kruszka</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>9/27/05</i>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVELLE, DARLENE J	NAME	<i>Patsy Senese</i>
STREET ADDRESS	9 SOMBRERO BLVD #104	STREET ADDRESS	<i>9 Sombbrero Blvd #211</i>
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	<i>Marathon FL 33050</i>
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	V Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, CHARLES	NAME	<i>Kenny Vail</i>
STREET ADDRESS	9 SOMBRERO BLVD #102	STREET ADDRESS	<i>9 Sombbrero Blvd #105</i>
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	<i>Marathon FL 33050</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIO, KATHRYN L	NAME	<i>Camilo Perez</i>
STREET ADDRESS	9 COMBRERO BLVD #212	STREET ADDRESS	<i>9 Sombbrero Blvd #209</i>
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	<i>Marathon FL 33050</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<i>100060954741</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>10/27/05--01003--001 **\$61.25</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>R Senese</i>		Date <i>8/23/05</i> Daytime Phone # <i>3052434599</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

10/25/05