


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

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




Principal Place of Business
% BUSCH & MORATO CPA'S
5800 OVERSEAS HWY., SUITE 6
MARATHON, FL 33050 US

Mailing Address
CRUZ MORATO ASSOCIATES
5800 OVER 800 HWY STE 6
MARATHON, FL 33050 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1679054

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

6. Name and Address of Current Registered Agent

KRUSZKE, LINDA
5800 OVERSEAS HIGHWAY STE 6
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SENESE, PATSY	
STREET ADDRESS	9 SOMBRERO BLVD #211	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAIL, KENNETH	
STREET ADDRESS	9 SOMBRERO BLVD #105	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLAUDIO, KATHRYN L	
STREET ADDRESS	9 COMBRERO BLVD #212	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, CAMILO	
STREET ADDRESS	9 SOMBRERO BLVD., #209	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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:  **3/2/07** **3057434599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #