

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 029 ****61.25

DOCUMENT # 735204
 1. Entity Name
 THE ISLAND ESTATES YACHT CLUB, INC.



Principal Place of Business: C/O PATRICIA OSTROSKY, 311 PALM IS, SE, CLEARWATER, FL 33767 US
 Mailing Address: C/O PATRICIA OSTROSKY, 311 PALM IS, SE, CLEARWATER, FL 33767 US



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04182005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2418802 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JOHNSON, PATRICIA, 404 ALTHEA RD, CLEARWATER, FL 33756
 7. Name and Address of New Registered Agent: WM. BLUM - COMMODORE, 49 MIDWAY IS, CLEARWATER, FL 33767

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: *William Blum* WILLIAM BLUM - COMMODORE 5-02-05
 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: RC NAME: RASCHER, MASON STREET ADDRESS: 609 OSCEOLA RD CITY-ST-ZIP: CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE: VC NAME: RASCHER MASON STREET ADDRESS: 609 OSCEOLA Rd CITY-ST-ZIP: CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LAWRENCE, NANCY STREET ADDRESS: 439 ISLAND WAY CITY-ST-ZIP: CLEARWATER, FL 33769	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NICHOLSON, CHARLES STREET ADDRESS: 948 RIVERSIDE RIDGE RD CITY-ST-ZIP: TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HECKERT, JOHN STREET ADDRESS: 854 SNUG ISLAND CITY-ST-ZIP: CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VC NAME: BLUM, BILL STREET ADDRESS: 49 MIDWAY CITY-ST-ZIP: CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE: COMMODORE NAME: BILL BLUM STREET ADDRESS: 49 MIDWAY CITY-ST-ZIP: CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMITH, THOMAS STREET ADDRESS: 670 ISLAND WAY #501 CITY-ST-ZIP: CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete	TITLE: RC NAME: SMITH, THOMAS STREET ADDRESS: 670 ISLAND WAY #501 CITY-ST-ZIP: CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.
 SIGNATURE: *William Blum* WILLIAM BLUM 5-02-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #