

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03308

1. Corporation Name

ISLAND BEACH CLUB OF MANATEE COUNTY, CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

C/O SUZANNE D. THOMAS
210 PEACOCK LANE
HOLMES BCH. FL 34217

Mailing Address

ISLAND BCH CLUB
SO 5500 MARINA DR STE 1
HOLMES BCH FL 34217
US

change

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Mar 06, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 c/o Suzanne Thomas
27 Suite, Apt. #, etc.
210 Peacock Lane

28 City & State
Holmes Beach, FLA.

29 Zip 34217 30 Country USA

3. Date Incorporated or Qualified

05/25/1984

4. FEI Number

59-2533845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MOYNIHAM, PATRICIA ANN
514 BAYVIEW DRIVE
HOLMES BEACH, FL.
HOLMES BCH. FL 34217

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, SUZANNE D.
STREET ADDRESS 210 PEACOCK LANE
CITY-ST-ZIP HOLMES BCH. FL ☒ DELETE

TITLE VD
NAME WEBB, JOAN M.
STREET ADDRESS 3013 AVENUE F
CITY-ST-ZIP HOLMES BEACH FL ☐ DELETE

TITLE STD
NAME MOYNIHAN, PATRICIA ANN
STREET ADDRESS 514 BAYVIEW DRIVE
CITY-ST-ZIP HOLMES BCH FL 34217 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WEBB, JOAN M.
1.3 STREET ADDRESS 3013 AVENUE F, Unit #5
1.4 CITY-ST-ZIP HOLMES BEACH, FL. 34217

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME GRANT MCCOMBS
2.3 STREET ADDRESS 4000 38th ST
2.4 CITY-ST-ZIP ROCK ISLAND, IL. 61201

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Joanne Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 941-778-7733
Date Daytime Phone #

CR2E037 (11/98)