

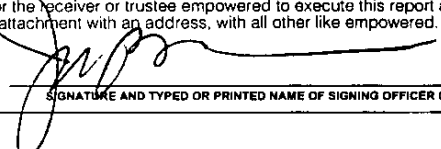


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 002 ****61.25

| | | | | | |
|--|-------------------------|--|----------------|---|--|
| DOCUMENT # N99000007648 | | | |  | |
| 1. Entity Name ISLAND COUNTRY CLUB CHARITABLE FOUNDATION, INC. | | | | | |
| Principal Place of Business 500 NASSAU CT MARCO ISLAND, FL 34145 | | Mailing Address 500 NASSAU CT MARCO ISLAND, FL 34145 | | 40051230 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  01292008 Chg-NP CR2E037 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number 59-3618210 | |
| MCARDLE, MICHAEL W 850 PARK SHORE DR NAPLES, FL 34103 | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Name | | | | 6. 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. | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | |
| City | | | | Filing Fee is \$61.25 Due by May 1, 2008 | |
| FL Zip Code | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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. | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | DCP | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLCKWELL, WESLEY | | NAME | CHARLES RITER | |
| STREET ADDRESS | 870 S COLLIER BLVD, PHB | | STREET ADDRESS | 530 S. COLLIER BLVD | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CORMIER, STEVE | | NAME | BYRON FARREL | |
| STREET ADDRESS | 85 SOUTH SEAS COURT | | STREET ADDRESS | 826 BANYAN COURT | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEVISON, CAROLEE | | NAME | ANDREA MCCREANOR | |
| STREET ADDRESS | P.O. BOX 1028 | | STREET ADDRESS | 551 CONOVER COURT | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FUREK, ROBERT | | NAME | | |
| STREET ADDRESS | 1370 CUTLER COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | 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 | | |
| 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 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:  | | | 2/19/2008 | | 239-394-6661 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |