


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 025 ***150.00

DOCUMENT # 517936 1. Entity Name ISLAND HOUSE BEACH CLUB, INC.					
Principal Place of Business 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931			Mailing Address 2560 ESTERO BLVD. FT. MYERS BCH, FL 33931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1832061	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHNEEBERGER, PAUL 2560 ESTERO BLVD FT MYERS, FL 33931				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and the fee payable (NOTE: Registered Agent's signature required when re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV KROULADIS, JIM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2560 ESTERO BLVD		NAME		
STREET ADDRESS	FT MYERS BCH, FL 00000.		STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	DP SCHNEEBERGER, PAUL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2560 ESTERO BLVD		NAME		
STREET ADDRESS	FT MYER BCH, FL 00000.		STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	DVS KRETCHMER, ARTHUR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2560 ESTERO BLVD.		NAME		
STREET ADDRESS	FT. MYERS BCH, FL 33931		STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	DVT MESSINA, JOSEPH <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2560 ESTERO BLVD.		NAME		
STREET ADDRESS	FT. MYERS BCH, FL 33931		STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	DV PEEBLES, PJ <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2560 ESTERO BLVD.		NAME		
STREET ADDRESS	FT. MYERS BCH, FL 33931		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 607, 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>Paul Schneberger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-18-06 (239) 463-7291 <small>Date Daytime Phone #</small>		