

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709738 (9)
1. Corporation Name
ISLAND GARDEN CLUB, INC.



Principal Place of Business: 243 176TH TERRACE, REDINGTON SHORES FL 33708
Mailing Address: 17025 DOLPHIN DR., N. REDINGTON BEACH FL 33708

3. Date Incorporated or Qualified: 10/11/1965
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-6161607
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BALDANZA, MARY, 17025 DOLPHIN DR., N. REDINGTON BEACH FL 33708
10. Name and Address of New Registered Agent: 81 Name: SAME, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: DUNCAN, BARBARA STREET ADDRESS: 17117 GULF BLVD 334 CITY-ST-ZIP: REDINGTON BEACH FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: NONE
TITLE: VD	NAME: CANROY, GAIL STREET ADDRESS: 841 180TH AVE E CITY-ST-ZIP: REDINGTON FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME: NONE
TITLE: SD	NAME: CLARK, LORA JEAN STREET ADDRESS: 9925 ULMERTON RD 494 CITY-ST-ZIP: LARGO FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME: NONE
TITLE: TD	NAME: BALDANZA, MARY STREET ADDRESS: 17025 DOLPHIN DR. CITY-ST-ZIP: N. REDINGTON BEACH FL 33708	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME: NONE
TITLE: <input type="checkbox"/> DELETE		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		71 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	72 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	82 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: MARY T. BALDANZA (with handwritten signature) 3-7-96 813-397-7934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)