


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 178TH TERRACE REDINGTON SHORES FL 33708**

Mailing Address: **17025 DOLPHIN DR. N. REDINGTON BEACH FL 33708**

3. Date Incorporated or Qualified: **10/11/1965**

4. FEI Number: **59-6161607**

Applied For: Not Applicable

2. Principal Place of Business

21 **841 180th Ave. E**

22 Suite, Apt. #, etc.

23 City & State: **Redington Shores, FL**

24 Zip: **33708**

25 Country: **Pinellas**

2a. Mailing Address

26 **15802 Redington Drive**

27 Suite, Apt. #, etc.

28 City & State: **Redington Beach FL**

29 Zip: **33708**

30 Country: **Pinellas**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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: **Mary V. Smith**

82 Street Address (P.O. Box Number is Not Acceptable): **15802 Redington Drive**

83

84 City: **Redington Beach** **FL**

85 Zip Code: **33708**

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: *Mary V. Smith* (NOTE: Registered Agent signature required when reinstating) DATE: **2-23-98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DUNCAN, BARBARA	
STREET ADDRESS	17117 GULF BLVD 334	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CANROY, GAIL	
STREET ADDRESS	841 180TH AVE E	
CITY-ST-ZIP	REDINGTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, LORA JEAN	
STREET ADDRESS	9925 ULMERTON RD 494	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/>
NAME	BALDANZA, MARY	
STREET ADDRESS	17025 DOLPHIN DR.	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAIL Conroy	
1.3 STREET ADDRESS	841 180th Ave. E.	
1.4 CITY-ST-ZIP	Redington Shores, FL 33708	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Jo Edwards	
2.3 STREET ADDRESS	16210 2nd Street E.	
2.4 CITY-ST-ZIP	Redington Beach, FL 33708	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beulah Lawrence	
3.3 STREET ADDRESS	17408 Gulf Blvd.	
3.4 CITY-ST-ZIP	Redington Shores, FL 33708	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary V. Smith	
4.3 STREET ADDRESS	15802 Redington Drive	
4.4 CITY-ST-ZIP	Redington Beach, FL 33708	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	000002457600	
5.4 CITY-ST-ZIP	-03/16/98--01006--012	
6.1 TITLE	***\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Mary V. Smith* **Mary V. Smith** Feb. 23, 1998 (813)392-9114

CR2E037 (10/97)