

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90158 013 ****61.25

DOCUMENT # 709738

1. Entity Name

ISLAND GARDEN CLUB, INC.



Principal Place of Business

**15813 REDINGTON DRIVE
REDINGTON BCH FL 33708**

Mailing Address

**P.O BOX 8447
MADEIRA BEACH FL 33738**

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 **59-6161607**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREW, JOYCE
15813 REDINGTON DRIVE
REDINGTON BEACH FL 33708**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DREW, JOYCE	
STREET ADDRESS	P.O BOX 8447	
CITY-ST-ZIP	MADEIRA BEACH FL 33738	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUNNELS, BARBARA	
STREET ADDRESS	17054 DOLPHIN DRIVE	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAY, PEG	
STREET ADDRESS	16211 2ND ST E	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDANZA, TERRY	
STREET ADDRESS	17025 DOLPHIN DRIVE	
CITY-ST-ZIP	NORTH 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE REQUIRED

1-22-03

(727) 512-4861

CR2E037 (10/02)