2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

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777 SOUTH FEDERAL HIGHMAY POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # SLEAND CLUB +HREE . T.N.C. Suito, Apr. #, etc. P.O. Sov # Sleand For Invalidation Application P.O. Sov # Sleand For Invalidation Suito, Apr. #, etc. P.O. Sov # Sleand For Invali	1. Entity Nam	e			0.0	3-10-2008 9	90078 004 *	***61.2	25	
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City & State Country 3062	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address TSLAND CLOB HAR	Nailing Address NO CLUB HREE, INC.		 		iji birii birii	a l di 1001	
City & State Country 2/30 Country 3/30 Country Countr	Suite, Apt.	#, etc.	POSBOX* 21072	- Suite Ant.# etc.		hg-NP	CR2E037 (12/06)		
S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Requir	City & State	е	, , , , , , , , , , , , , , , , , , ,			86				
S. Name and Address of Current Registered Agent LOUF, MICHAEL 77 S. FEDERAL HWY APT. D-104 POMPANO BEACH, FL. 33062 City FL. Zip Code Florida Department of State City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Code Florida Department of State City City FL. Zip Change Addition Make check payable to Florida Department of State Florida Department of State Florida Department of State City City FL. Zip Change Addition Make Check payable to Florida Department of State Florida Department of State Florida Department of State City City FL. Zip Change Addition Make Check payable to Florida Department of State Florida Department of Sta	Zip	Country	Zip	Country	5. Certificate of S	Status Desired		.75 Addit	tional	
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Street Address (P.O. Box Number is Not Acceptable) APT. D-104 POMPANO BEACH, FL, 33062 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered either of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	LOUE ME		registered Agent	Name	1. Name and Ad	areas or new i	regiotered Agei			
R. 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 farmiliar with, and accept the obligations of registered agent. SIGNATURE Signature Organizer				Street Address	s (P.O. Box Number is	Not Acceptab	le)			
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 SIGNATURE FITTING Fee is \$61.25 Due by May 1, 2008 9. Electino Campaign Financing Frust Fund Contribution. 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10 INE NAME SIRET ADDRESS OTTY ST. & PEDERAL HWY. C-309 POMPANO BEACH, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & PEDERAL HWY. D-203 TITLE NAME LOUF, MICHAEL TYT S. FEDERAL HWY. D-104 POMPANO BEACH, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & PEDERAL HWY. D-204 OTTY ST. & POMPANO, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & PEDERAL HWY. D-204 OTTY ST. & POMPANO BEACH, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & POMPANO, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & POMPANO, FL 33062 INE NAME SIRET ADDRESS OTTY ST. & POMPANO, FL 33062 INE OTTY ST. & P										
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SIGNATURE Signature, typed or printed name of registered agont and site if applicable. PADTE Registered Agont signature required when infortations) DATE	8. The above	named entity submits this statement for	r the purpose of changing its regi	istered office or regis	stered agent, or both, in	n the State of F		iliar with, a	and accept	
Signature, typed or printed/name of registered agont and also if applicable. (NOTE, Registered Agont signature registed after interplating) ST, 00 May Be Added to Fees Make check payable to Florida Department of State										
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Daytime Phone #

ATTACHMENT

Mailing Address

ISLAND CLUB THREE, INC 777 S. FEDERAL HWY POMPANO BEACH, FL 33062 Island Club Three, INC. P.O. BOX 610721

Pompano Beach, FL 3306

Fax & Telephone: 954-941-0300

March 7th, 2008

Becker & Poliakoff PA 311 Stirling Road Ft. Lauderdale, fl 33312-6525

Attn: Lisa Magill,

At the Annual Meeting of Island Club Three, INC., was held on February 28th, 2008. The following slate of Officers was elected to serve until February 2009.

President	Michael Louf	D-104	954-275-8475
Vice-President	Francis Santos	C-309	954-931-0644
Treasure	Patricia Green	D-202	954-545-1797
Secretary	Patricia Green	D-202	954-545-1797
Directors:	Ron Deluca	D-201	954-942-4518
	Valter Vieira	C-206	954-943-7253
Assistant Treasure	Lee Prescott	C-106	954-946-5772

ATTACHMENT
40042565

720013

AFFIDAVIT OF MAILING OR HAND DELIVERING
OF NOTICE TO UNIT OWNERS

STATE OF FLORIDA

COUNTY OF BROWARD

ISLAND CLUB THREE, INC.

By: Isticia Jeen

Sworn to and subscribed before me this 7th day of MALCH SACRUELINE P. Hustin as Nother of Island Club Three, Inc., a Florida not corporation.	, by -for-profit
NOTABLE OF STATE OF STORINA	

Personally Known ____OR
Produced Identification ____

Type of Identification

NOTARY PUBLIC - STATE OF FLORIDA

Sign Jacquelin P. Justine
Print Jacqueline P. Austine
My Commission expires:

JACQUELINE P. AUSTIN
MY COMMISSION # DD 284844
EXPIRES: May 24, 2008
Bonoed Thru Notary Public Underwriters