
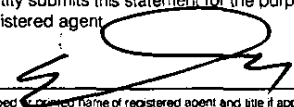


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90282 046 \*\*\*\*61.25

<b>DOCUMENT # 736565</b> 1. Entity Name <b>ISLAND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 1229 2265 WEST GULF DRIVE SANIBEL, FL 33957</b>			Mailing Address <b>P O BOX 100 SANIBEL, FL 33957 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-1742890</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAPPAS, CAROL 703 TARPON BAY ROAD, #B SANIBEL, FL 33957</b>			7. Name and Address of New Registered Agent Name <b>Steven Mackesy</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 Tarpon Bay Rd</b> City <b>Sanibel</b> FL Zip Code <b>33957</b>		
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  <b>Steven Mackesy</b> DATE <b>4-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPMAN, M. RONALD		NAME		
STREET ADDRESS	2209 CAVESDALE RD		STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS, MD		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVER, PETER		NAME		
STREET ADDRESS	1203 MAPLE HALL PLACE		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 22302		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLACKE, ROBERT		NAME		
STREET ADDRESS	BOX 469 NA		STREET ADDRESS		
CITY-ST-ZIP	LAKE GEORGE, NY		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, RALPH H.		NAME		
STREET ADDRESS	1100 CHESTERDALE RD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH,		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZMAN, DUANE		NAME		
STREET ADDRESS	415 W MARSHALL STREET		STREET ADDRESS		
CITY-ST-ZIP	ELKHORN, WI 53121		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			Date <b>4-7-05</b> Daytime Phone # <b>239-472-5020</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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