

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736565

FILED
Apr 20, 2008
Secretary of State

Entity Name: ISLAND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2265 WEST GULF DR
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

2265 WEST GULF DR
SANIBEL, FL 33957 US

New Mailing Address:

2265 WEST GULF DR
SANIBEL, FL 33957

FEI Number: 59-1742890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLIAM, DIANE
15160 BAIN RD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMERINE, BOB
Address: 2120 CASTLE CREST DR
City-St-Zip: WORTHINGTON, OH 43085

Title: VD () Delete
Name: BACHER, ED
Address: 7384 DETRVALLEY CROSSING
City-St-Zip: POWELL, OH 43065

Title: D () Delete
Name: FLACKE, ROBERT
Address: 2 STANTON RD., P.O. BOX 469
City-St-Zip: LAKE GEORGE, NY 12845

Title: DT () Delete
Name: MARTIN, RALPH H.,
Address: 2265 W GULF DR
City-St-Zip: SANIBEL, FL 33957

Title: SD (X) Delete
Name: NICKOLEY, KATHERINE
Address: 1388 AIKEN DR
City-St-Zip: BANNOCKBURN, IL 60015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FLACKE, ROBERT
Address: 2 STANTON RD, P O BOX 469
City-St-Zip: LAKE GEORGE, NY 12845

Title: SD (X) Change () Addition
Name: NICKOLEY, KATHERINE
Address: 1388 AIKEN DR
City-St-Zip: BANNOCKBURN, IL 60015

Title: TD (X) Change () Addition
Name: KATZMAN, DUANE
Address: 2265 W GULF DR #230B
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE NICKOLEY

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04/20/2008

Electronic Signature of Signing Officer or Director

Date