

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736565

FILED  
Apr 16, 2009  
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

**New Mailing Address:**

**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: FLACKE, ROBERT  
Address: 2 STANTON RD, P O BOX 469  
City-St-Zip: LAKE GEORGE, NY 12845

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: KOLTAK, RONALD  
Address: 1963 N DEVON RD  
City-St-Zip: UPPER ARLINGTON, OH 43212

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

SD

04/16/2009

Electronic Signature of Signing Officer or Director

Date