

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 743260 1. Entity Name ISLAND CLUB CONDOMINIUM ASSOCIATION "A", INC.			
Principal Place of Business 940 SWALLOW AVE P. O. BOX 1176 MARCO ISLAND, FL 34145		Mailing Address 940 SWALLOW AVE P. O. BOX 1176 MARCO ISLAND, FL 34145	
2. Filing Year 02182008 No Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-1947640		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BECKWITH, BERNARD 940 SWALLOW AVE #3 APT. 3 MARCO ISLAND, FL 34145			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	TO		
NAME	MARZULA, PATRICIA		
STREET ADDRESS	941 S. COLLIER #11		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	P/D		
NAME	LUIKKONEN, JOSEPH		
STREET ADDRESS	940 SWALLOW AVE #11		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	V/D		
NAME	SULLIVAN, JAMES		
STREET ADDRESS	940 SWALLOW AVE 1		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	SD		
NAME	P. FRANK GIARDIELLO		
STREET ADDRESS	940 SWALLOW AVE., #8		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	D		
NAME	BAUER, CHARLES		
STREET ADDRESS	941 S. COLLIER #1		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	D		
NAME	COYOUR, LEO		
STREET ADDRESS	941 S COLLIER 2		
CITY-ST-ZIP	MARCO ISLAND, FL		
12. I hereby 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: <i>Patricia J. Marzula</i> PATRICIA J. MARZULA 2-18-06 235-642-7664			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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