

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 745168

1. Entity Name
ISLAND CLUB CONDOMINIUM ASSOCIATION "B", INC.



Principal Place of Business
1000 SWALLOW AVENUE
MARCO ISLAND, FL 34145 US

Mailing Address
1000 SWALLOW AVENUE #1
MARCO ISLAND, FL 34145-6223 US



01052008 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1975230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MASCIO, RICHARD
1000 SWALLOW AVE
APT 1
MARCO ISLAND, FL 34145-6223

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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 PD
NAME MASCIO, RICHARD
STREET ADDRESS 1000 SWALLOW AVE APT 1
CITY-ST-ZIP MARCO ISLAND, FL 341456223

TITLE VD
NAME POLCYN, RAYMOND
STREET ADDRESS 1000 SWALLOW AVE APT 9
CITY-ST-ZIP MARCO ISLAND, FL 341456223

TITLE TD
NAME HOFHEINZ, EDITH
STREET ADDRESS 1000 SWALLOW AVE APT 11
CITY-ST-ZIP MARCO ISLAND, FL 341456223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000380702
01/11/06-80024-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

239-642-5331

Daytime Phone #

RICHARD M. MASCIO