

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 25 1997 8:00am  
Secretary of State

DOCUMENT # **G46971** (9)

1. Corporation Name  
**WILLIAMS ISLAND COUNTRY CLUB, INC.**



Principal Place of Business

**750 NE 195TH ST  
NORTH MIAMI BEACH FL 33179  
US**

Mailing Address

**7900 ISLAND BLVD  
NORTH MIAMI BEACH FL 33160-4906**

3. Date Incorporated or Qualified

**07/01/1983**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**58-1524269**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

9. Name and Address of Current Registered Agent

**MATUS, ALAN A  
7900 ISLAND BLVD  
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: If registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS    | CITY-ST-ZIP          | TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------|-------------------|----------------------|---------------------------------|------|----------------|-------------|
| PSD   | MATLIS, ALAN        | 7900 ISLAND BLVD  | NORTH MIAMI BEACH FL | <input type="checkbox"/> DELETE |      |                |             |
| VSTD  | VOLLRATH, ROBERT K. | 7900 ISLAND BLVD. | N MIAMI BEACH FL     | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |
|       |                     |                   |                      | <input type="checkbox"/> DELETE |      |                |             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE     | NAME     | STREET ADDRESS     | CITY-ST-ZIP     | Change                   | Addition                            |
|-----------|----------|--------------------|-----------------|--------------------------|-------------------------------------|
| 11. TITLE | 12. NAME | 13. STREET ADDRESS | 14. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 21. TITLE | 22. NAME | 23. STREET ADDRESS | 24. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 31. TITLE | 32. NAME | 33. STREET ADDRESS | 34. CITY-ST-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41. TITLE | 42. NAME | 43. STREET ADDRESS | 44. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 51. TITLE | 52. NAME | 53. STREET ADDRESS | 54. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 61. TITLE | 62. NAME | 63. STREET ADDRESS | 64. CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |

**V  
LIEB, JAMES M.  
4000 ISLAND BLVD  
NORTH MIAMI BEACH FL 33160**

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

**ROBERT K. VOLLRATH VICE PRESIDENT**

SIGNATURE:

*Robert K. Vollrath*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 1-305-937-7884

Date Daytime Phone #

CR2E034 (9/96)