

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 020 ***150.00

DOCUMENT # G46971

1. Entity 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**

24068431



2. Principal Place of Business

3. Mailing Address

4000 Island Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 2

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

Aventura, FL

4. FEI Number

58-1524269

Applied For

Not Applicable

Zip

Country

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Matus, Alan A

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

4000 Island Boulevard, PH 2

City

Aventura

FL

Zip Code

33160

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)

Alan Matus

4-28-04

President

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MATUS, ALAN**
STREET ADDRESS **7900 ISLAND BLVD**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Matus, Alan**
STREET ADDRESS **4000 Island Boulevard, PH 2**
CITY-ST-ZIP **Aventura, FL 33160**

TITLE **AS** ☒ Delete
NAME **TORPEY, CARITE**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **N MIAMI BEACH, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LIEB, JAMES M.**
STREET ADDRESS **4000 ISLAND BLVD**
CITY-ST-ZIP **N MIAMI BCH, FL**

TITLE **V** ☒ Change ☐ Addition
NAME **Lieb, James M**
STREET ADDRESS **4000 Island Boulevard, PH 2**
CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPAS** ☐ Change ☒ Addition
NAME **Mark Hirsch**
STREET ADDRESS **4000 Island Boulevard, PH 2**
CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPAS** ☐ Change ☒ Addition
NAME **Ayelet Amrani**
STREET ADDRESS **4000 Island Boulevard, PH 2**
CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 607, 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

Alan Matus

4-28-04

Date

305-937-7826

Daytime Phone #