2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46971

Entity Name: WILLIAMS ISLAND COUNTRY CLUB, INC

FILED Apr 16, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
750 NE 195TH ST NORTH MIAMI BEACH, FL 33179 US			4000 ISLAND BLVD AVENTURA, FL 33160 US	
Current Mailing Address:			New Mailing Address:	
4000 ISLAND BLVD PH2 AVENTURA, FL 33160				
FEI Number: 58-1524269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICES COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301 US				
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				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () I MATUS, ALAN 4000 ISLAND BL AVENTURA, FL		Title: Name: Address: City-St-Zip:	PS (X) Change () Addition MATUS, ALAN 4000 ISLAND BLVD PH 2 AVENTURA, FL 33160
Title: Name: Address: City-St-Zip:	VPAS () I HIRSCH, MARK 4000 ISLAND BL AVENTURA, FL		Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition ELBERT, DONALD J 4000 ISLAND BLVD PH 2 AVENTURA, FL 33160
Title: Name: Address: City-St-Zip:	V () [LIEB, JAMES M. 4000 ISLAND PH AVENTURA, FL		Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition LIEB, JAMES M. 4000 ISLAND PH2 AVENTURA, FL 33160
Title: Name: Address: City-St-Zip:	VPAS () [CIACCHI, BETTY 4000 ISLAND BL AVENTURA, FL	VD PH2	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition TRUMP, EDDIE 4000 ISLAND BLVD PH2 AVENTURA, FL 33160
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	C () Change (X) Addition TRUMP, JULIUS 4000 ISLAND BLVD AVENTURA, FL 33160
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	AVP () Change (X) Addition TORPEY, CARITE L 4000 ISLAND BLVD PH2 AVENTURA, FL 33160

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARITE L TORPEY AVP 04/16/2008