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Apr 24, 2006 8:00 am
Secretary of State

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01252006 Chg-NP CR2E037 (11/05)

ANNUAL REPORT

DOCUMENT # N01000005825

1. Entity Name
ISLAND CLUB OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
405 N. HIBISCUS DRIVE #1 MIAMI BEACH, FL 33139 US	405 N. HIBISCUS DRIVE #1 MIAMI BEACH, FL 33139 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1138274 ☐ Applied For ☐ Not Applicable

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
FARINAS, LILLIANA M ESQ. C/O BECKER & POLIAKOFF 5201 BLUE LAGOON DR. # 100 MIAMI, FL 33126	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUINONES, NORMA 405 N. HIBISCUS DRIVE # 209 MIAMI BEACH, FL 33139	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Robert Greer 405 N. Hibiscus Dr. Apt. 104 Miami Beach, Fl 33139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZAFIROVA, ALBENA 405 N HIBISCUS DR #107 MIAMI BEACH, FL 33139	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Albena Zafirova 405 N. Hibiscus Dr. Apt. 107 Miami Beach, Fl 33139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOUSSAWEL, ESTRELLA 945 SW 35TH ST MIAMI, FL 33135	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Margarita Prieto 140 SW 23th. St. Miami, Fl 33129	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Norma Quinonez P.O.Box 558072 Miami, Fl 33255	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Albena Zafirova 4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR OTHER ENTITY TO SIGN THIS REPORT Date Daytime Phone #