

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 015 ****61.25

DOCUMENT # N01104 1. Entity Name ISLAND CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business G.R.S MANAGMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US			Mailing Address G.R.S MANAGMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2448422	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ST JOHN, DICKERS, KRIVOK & CORA PA 500 AUSTRALIAN AVE SUITE 600 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Joy Stager, P.A. Street Address (P.O. Box Number is Not Acceptable) 20500 NO. MILITARY TRAIL 3000 P.O. BOX 283 City LAKE WORTH, FL Zip Code 33463	
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 <i>Joy Stager</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>president</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-15-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD ELLEGOOD, MARYANN 3981 ISLAND CLUB DR LANTANA, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORNSTEIN, KATHLEEN 3895 ISLAND CLUB CIRCLE W LANTANA, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIRNER, ANN <i>wrong spelling</i> 3915 ISLAND CLUB CIR LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIRNER, ANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADERT, SHEILA 3857 ISLAND CLUB DR LANTANTA, FL 33462 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAGATI, ROBIN 3787 ISLAND CLUB CIR LAKE WORTH, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Maryann Ellegood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/25/08 <small>Daytime Phone #</small>		