2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01104

Entity Name: ISLAND CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

G.R.S MANAGMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

G.R.S MANAGMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 59-2448422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN PA
2500 N. MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ELLEGOOD, MARYANN
Address: 3981 ISLAND CLUB DR
City-St-Zip: LANTANA, FL 33462

Title: VPD ( ) Delete
Name: BORNSTEIN, KATHLEEN
Address: 3895 ISLAND CLUB CIRCLE W
City-St-Zip: LANTANA, FL 33462

Title: VPD ( ) Delete
Name: KIRNER, ANN
Address: 3915 ISLAND CLUB CIR
City-St-Zip: LANTANA, FL 33462

Title: PD ( ) Delete
Name: DAGATI, ROBIN
Address: 3787 ISLAND CLUB CIR
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ELLEGOOD, MARYANN
Address: 3981 ISLAND CLUB DR
City-St-Zip: LANTANA, FL 33462

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: DAGATI, ROBIN
Address: 3787 ISLAND CLUB CIR
City-St-Zip: LAKE WORTH, FL 33462

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

SIGNATURE: MARYANN ELLEGOOD PD 03/23/2009
Electronic Signature of Signing Officer or Director Date