


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90018 040 \*\*\*\*70.00

<b>DOCUMENT # N13422</b> 1. Entity Name <b>ISLAND COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>500 NASSAU ROAD MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>500 NASSAU ROAD MARCO ISLAND, FL 34145 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-2640521</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required ~	
6. Name and Address of Current Registered Agent <b>RONZI, RICHARD C 5000 ROYAL MARCO WAY #433 MARCO ISLAND, FL 34145</b>					
7. Name and Address of New Registered Agent Name <b>HORTON, TOM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1251 MIMOSA COURT</b> City <b>MARCO ISLAND</b> FL Zip Code <b>34145</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONZI, RICHARD C		NAME	PHIL THOMPSON	
STREET ADDRESS	5000 ROYAL MARCO WAY #433		STREET ADDRESS	801 GIRALDA COURT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIMINELLI, FRANK		NAME	ARMIN FROST	
STREET ADDRESS	960 SWALLOW AVE #405		STREET ADDRESS	1100 S. COLLIER BLVD #1723	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	T	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, TOM		NAME		
STREET ADDRESS	1251 MIMOSA CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGQUIST, DONALD		NAME	MICHAEL DOMULEWICZ	
STREET ADDRESS	1761 BARBADOS AVENUE		STREET ADDRESS	520 S. COLLIER BLVD #804	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <b>3/4/08</b> <b>239-394-6661</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					