


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90058 026 ****61.25

DOCUMENT # N23872		
1. Entity Name ALAMEDA ISLES SOCIAL CLUB, INC.		

Principal Place of Business 1 ALAMEDA GRANDE ENGLEWOOD, FL 34223	Mailing Address 1 ALAMEDA GRANDE ENGLEWOOD, FL 34223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02172006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2808693		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIGHTHOUSE MANAGEMENT & REALTY 1 ALHAMBRA GRANDE #150 ENGLEWOOD, FL 34223		Name PROGRESSIVE COMMUNITY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1 ALAMEDA GRANDE City ENGLEWOOD FL Zip Code 34223	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, DIANA 76 S BUENA VISTA AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLARE, IRENE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25 S. BUENA VISTA AVE. ENGLEWOOD, FL. 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELDERLOOS, JAN 11 S GRANADA PLAZA ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGEL, NANCY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3 SAVONA' AVE. ENGLEWOOD, FL. 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTMAN, JEAN L 8 N MARINA PLAZA ENGLEWOOD, FL 34223 <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	SD ORR, DARLENE 35 S. BUENA VISTA AVE ENGLEWOOD, FL 34223 <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
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: <u>JEAN L. PATTMAN</u>	DATE: <u>3/2/06</u>	DAYTIME PHONE: <u>941-474-6010</u>
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