

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 048 ****61.25

DOCUMENT # N99000007648

1. Entity Name
**ISLAND COUNTRY CLUB CHARITABLE FOUNDATION,
INC.**



Principal Place of Business
**500 NASSAU CT
MARCO ISLAND, FL 34145**

Mailing Address
**500 NASSAU CT
MARCO ISLAND, FL 34145**

50023353



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3618210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCARDLE, MICHAEL W
850 PARK SHORE DR
NAPLES, FL 34103**

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, 2005**

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 DCP ☐ Delete
NAME BLACKWELL, WESLEY
STREET ADDRESS 870 S COLLIER BLVD, PHB
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CORMIER, STEVE
STREET ADDRESS 85 SOUTH SEAS COURT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MURPHY, PATRICK
STREET ADDRESS 812 HICKAWAY CIRCLE E #111
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEVISON, CAROLEE
STREET ADDRESS P.O. BOX 1028
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME JOB, NED
STREET ADDRESS 1471 FIRWOOD COURT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LUCCHESI, AL
STREET ADDRESS 1268 LAUREL COURT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WES BLACKWELL

3/1/05

Date

239-394-6661

Daytime Phone #