

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 257279 (0)**

1. Corporation Name  
**THE ISLAND HOUSE APARTMENTS, INC.**



Principal Place of Business <b>200 OCEAN LANE DR                  KEY BISCAYNE FL 33149-1419</b>	Mailing Address <b>200 OCEAN LANE DR                  KEY BISCAYNE FL 33149-1461</b>
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3. Date Incorporated or Qualified <b>03/23/1962</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-1025684</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SCHATZ, NORMAN  
 200 OCEAN LANE DRIVE  
 KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHATZ, NORMAN</b>		1.2 NAME	
STREET ADDRESS <b>200 OCEAN LANE DRIVE</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>KEY BISCAYNE FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COULD, CLIFFORD</b>		2.2 NAME	
STREET ADDRESS <b>200 OCEAN LANE DRIVE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>KEY BISCAYNE FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>NEWCOMM, SALLY</b>		3.2 NAME	
STREET ADDRESS <b>200 OCEAN LANE DRIVE</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>KEY BISCAYNE FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WAID, JOHN</b>		4.2 NAME	
STREET ADDRESS <b>200 OCEAN LANE DRIVE</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>KEY BISCAYNE FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHAW, PAT</b>		5.2 NAME	
STREET ADDRESS <b>200 OCEAN LANE DR</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>KEY BISCAYNE FL</b>		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cliff Gould* SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: \_\_\_\_\_ DAYTIME PHONE # *305-361-5451*

CR2E034 (9/96)