

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90071 042 ***150.00

DOCUMENT # 257279

1. Corporation Name

THE ISLAND HOUSE APARTMENTS, INC.

Principal Place of Business
200 OCEAN LANE DR
KEY BISCAIYNE FL 33149-1419

Mailing Address
200 OCEAN LANE DR
KEY BISCAIYNE FL 33149-1419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1962

4. FEI Number

59-1025684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SHAW, PATRICIA L
200 OCEAN LANE DRIVE
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
Angela L. Gonzalez

82 Street Address (P.O. Box Number is Not Acceptable)
200 Ocean Lane Drive

83 Key Biscayne, Fl 33149

84 City

FL

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/99

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE
NAME OSTROSKI, JOSEPH
STREET ADDRESS 200 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL

TITLE VP ☒ DELETE
NAME COULD, CLIFFORD
STREET ADDRESS 200 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL

TITLE S ☒ DELETE
NAME CONNELL, PAMELA
STREET ADDRESS 200 OCEAN LANE DR
CITY-ST-ZIP KEY BISCAIYNE FL

TITLE T ☒ DELETE
NAME LOGUE, JAMES
STREET ADDRESS 200 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL

TITLE P ☒ DELETE
NAME SHAW, PAT
STREET ADDRESS 200 OCEAN LANE DR
CITY-ST-ZIP KEY BISCAIYNE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME Anthony Gonzalez
2.3 STREET ADDRESS 200 Ocean Lane Drive
2.4 CITY-ST-ZIP Key Biscayne, Fl

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Angela L. Gonzalez
3.3 STREET ADDRESS 200 Ocean Lane Drive
3.4 CITY-ST-ZIP Key Biscayne, Fl

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME Daniel Reed
4.3 STREET ADDRESS 200 Ocean Lane Drive
4.4 CITY-ST-ZIP Key Biscayne, Fl

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Donald Berg
5.3 STREET ADDRESS 200 Ocean Lane Drive
5.4 CITY-ST-ZIP Key Biscayne, Fl

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

305 361 5451

Daytime Phone #

CR2E034 (1/98)