

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257279

FILED
Feb 15, 2011
Secretary of State

Entity Name: THE ISLAND HOUSE APARTMENTS, INC.

Current Principal Place of Business:

200 OCEAN LANE DR
MANAGEMENT OFFICE
KEY BISCAVNE, FL 331491419

New Principal Place of Business:

Current Mailing Address:

200 OCEAN LANE DR
MANAGEMENT OFFICE
KEY BISCAVNE, FL 331491461 US

New Mailing Address:

FEI Number: 59-1025684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: OSTROSKI, JOSEPH T MD
Address: 200 OCEAN LANE DRIVE #407
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: T
Name: CRAYTHORNE, BRIAN DR
Address: 200 OCEAN LANE DRIVE SUITE PB-8
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D
Name: LARUSSE, LAWRENCE MR
Address: 200 OCEAN LANE DRIVE #508
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP
Name: BOWER, ANNE T MS
Address: 200 OCEAN LANE DR, #603
City-St-Zip: KEY BISCAVNE, FL 33149

Title: S
Name: SHAW, PATRICIA L MRS
Address: 200 OCEAN LANE #509
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OSTROSKI, JOSEPH T., MD

P

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date