

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **726456** (7)

95 MAY -1 AM 11:56

1. Corporation Name

ISLAND HOUSE OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2050 OLEANDER BLVD
RECREATION BLDG
FT. PIERCE FL 34950

2050 OLEANDER BLVD
RECREATION BLDG
FT. PIERCE FL 34950

3. Date Incorporated or Qualified

05/21/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1740798

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOCKLEY, JOHN
2050 OLEANDER BLVD
BLDG 1 #104
FT PIERCE FL 34950

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

SHOCKLEY, KENNETH JOHN

STREET ADDRESS

2050 OLEANDER BLVD, BLDG 1 #104

CITY - ST - ZIP

FORT PIERCE, FL 00000

1.1 TITLE

Fin. Sec

1.2 NAME

Marie E. Culbert

1.3 STREET ADDRESS

2050 Oleander Blvd. Bldg 5-202

1.4 CITY - ST - ZIP

Ft. Pierce, FL 34950

Change Addition

X

TITLE

D

NAME

CLUGSTONE, J. HOWARD

STREET ADDRESS

2050 OLEANDER BLVD

CITY - ST - ZIP

FORT PIERCE, FL 00000

2.1 TITLE

D

2.2 NAME

Bo Barville

2.3 STREET ADDRESS

2050 Oleander Blvd. Bldg 6-201

2.4 CITY - ST - ZIP

Ft. Pierce, FL 34950

Change Addition

X

TITLE

D

NAME

GERARD, BERTHA

STREET ADDRESS

2050 OLEANDER BLVD. - BLDG Z-102

CITY - ST - ZIP

FORT PIERCE, FL 00000

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE

VPFS

NAME

PATAKUS, JOHN

STREET ADDRESS

2050 OLEANDER BLVD

CITY - ST - ZIP

FORT PIERCE, FL 00000

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

S

NAME

THOMPSON, JOHN

STREET ADDRESS

2050 OLEANDER BLVD

CITY - ST - ZIP

FORT PIERCE, FL 00000

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

HASSETT, BETTY

STREET ADDRESS

2050 OLEANDER BLVD. - BLDG Z-101

CITY - ST - ZIP

FT. PIERCE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D

Betty Jones

2050 Oleander Blvd. Bldg 3-104

Ft. Pierce, FL 34950

Change Addition

X

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an addition.

SIGNATURE:

Kenneth J. Shockley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH J. SHOCKLEY

4/11/95

407-466-2241