

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726456 (7)

1. Corporation Name
ISLAND HOUSE OWNERS ASSOCIATION, INC.



Principal Place of Business
**2050 OLEANDER BLVD
RECREATION BLDG
FT. PIERCE FL 34950**

Mailing Address
**2050 OLEANDER BLVD
RECREATION BLDG
FT. PIERCE FL 34950**

3. Date Incorporated or Qualified
05/21/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-1740798

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **THOMPSON, M. JOHN**

82 Street Address (P.O. Box Number is Not Acceptable)
2050 OLEANDER BLVD

83 **BLDG #7 - #301**

84 City **FT PIERCE** **FL** **85** Zip Code **34950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *M. John Thompson* **3 May 96**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	FS	<input checked="" type="checkbox"/> DELETE
NAME	CULBERT, MARIE E	
STREET ADDRESS	2050 OLEANDER BLVD BLDG 5-202	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BANVILLE, BO	
STREET ADDRESS	2050 OLEANDER BLVD BLDG 6-201	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERARD, BERTHA	
STREET ADDRESS	2050 OLEANDER BLVD. - BLDG Z-102	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	VPFS	<input type="checkbox"/> DELETE
NAME	PATAKUS, JOHN	
STREET ADDRESS	2050 OLEANDER BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN	
STREET ADDRESS	2050 OLEANDER BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, BETTY	
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 3-104	
CITY-ST-ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	FS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEATRICE (BETTY) JONES	
1.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 3-104	
1.4 CITY-ST-ZIP	FT. PIERCE FL 34950	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILDRED BANVILLE	
2.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 6-201	
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CHAIRMAN / PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THOMPSON, JOHN	
5.3 STREET ADDRESS	2050 OLEANDER BLVD - 7-301	
5.4 CITY-ST-ZIP	FT. PIERCE FL 34950	
6.1 TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JONES, BETTY	
6.3 STREET ADDRESS	2050 OLEANDER BLVD. - 3-104	
6.4 CITY-ST-ZIP	FT. PIERCE FL 34950	

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)(k), 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 address.

SIGNATURE: *M. John Thompson* **3 May 96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (12/95) 06-11-96 OK