

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-1740798

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* (NOTE: Registered Agent signature required when reinstating) DATE **3 May 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FS	1.1 TITLE	FS
NAME	CULBERT, MARIE E	1.2 NAME	BEATRICE (BETTY) JONES
STREET ADDRESS	2050 OLEANDER BLVD BLDG 5-202	1.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 3-104
CITY-ST-ZIP	FORT PIERCE, FL 00000	1.4 CITY-ST-ZIP	FT. PIERCE FL 34950
TITLE	D	2.1 TITLE	SECRETARY
NAME	BANVILLE, BO	2.2 NAME	MILDRED BANVILLE
STREET ADDRESS	2050 OLEANDER BLVD BLDG 6-201	2.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 6-201
CITY-ST-ZIP	FORT PIERCE, FL 00000	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D	3.1 TITLE	
NAME	GERARD, BERTHA	3.2 NAME	
STREET ADDRESS	2050 OLEANDER BLVD. - BLDG Z-102	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VPFS	4.1 TITLE	T
NAME	PATAKUS, JOHN	4.2 NAME	
STREET ADDRESS	2050 OLEANDER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	CHAIRMAN / PRES
NAME	THOMPSON, JOHN	5.2 NAME	THOMPSON, JOHN
STREET ADDRESS	2050 OLEANDER BLVD	5.3 STREET ADDRESS	2050 OLEANDER BLVD - 7-301
CITY-ST-ZIP	FORT PIERCE, FL 00000	5.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D	6.1 TITLE	FS
NAME	JONES, BETTY	6.2 NAME	JONES, BETTY
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 3-104	6.3 STREET ADDRESS	2050 OLEANDER BLVD. - 3-104
CITY-ST-ZIP	FT. PIERCE FL	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* DATE: **3 May 96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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