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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlam Secretary of State DIVISION OF CORPORATIONS
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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 34950-5334
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3. Date Incorporated or Qualified 05/21/1973	3a. Date of Last Report 06/11/1996
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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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, JOHN M
2050 OLEANDER BLVD
BLDG 7 #301
FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	BANVILLE, MILDRED
STREET ADDRESS	2050 OLEANDER BLVD BLDG 6-201
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	D <input type="checkbox"/> DELETE
NAME	GERARD, BERTHA
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 2-102
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	T <input type="checkbox"/> DELETE
NAME	ATAKUS, JOHN
STREET ADDRESS	2050 OLEANDER BLVD
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	T <input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 7-301
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	T <input type="checkbox"/> DELETE
NAME	JONES, BETTY
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 3-104
CITY-ST-ZIP	FT. PIERCE FL 34950
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BANVILLE, MILDRED
1.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG. 6-201
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATANUS, JOHN
3.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG. 7-306
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALICE EGERTON
4.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 1-102
4.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEITH SPIVEY
5.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 8-209
5.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)