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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 05/21/1973		
4. FEI Number 59-1740798	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BANVILLE, MILDRED		1.2 NAME ROBERT CUPPS	
STREET ADDRESS 2050 OLEANDER BLVD BLDG 6-201		1.3 STREET ADDRESS 2050 OLEANDER BLVD - 6-202	
CITY-ST-ZIP FORT PIERCE FL		1.4 CITY-ST-ZIP FT. PIERCE, FL 34950	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GERARD, BERTHA		2.2 NAME LOIS JEAN ALLEN	
STREET ADDRESS 2050 OLEANDER BLVD. BLDG Z-102		2.3 STREET ADDRESS 2050 OLEANDER BLVD. - 2-106	
CITY-ST-ZIP FORT PIERCE FL 34950		2.4 CITY-ST-ZIP FT. PIERCE, FL 34950	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATAKUS, JOHN		3.2 NAME JOHN PATAKUS	
STREET ADDRESS 2050 OLEANDER BLVD., BLDG 7-306		3.3 STREET ADDRESS 2050 OLEANDER BLVD. - 7-306	
CITY-ST-ZIP FORT PIERCE FL		3.4 CITY-ST-ZIP FT. PIERCE, FL 34950	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, JOHN		4.2 NAME	
STREET ADDRESS 2050 OLEANDER BLVD. BLDG 7-301		4.3 STREET ADDRESS	
CITY-ST-ZIP FORT PIERCE FL 34950		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, BETTY		5.2 NAME	
STREET ADDRESS 2050 OLEANDER BLVD. BLDG 3-104		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. PIERCE FL 34950		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGERTON, ALICE		6.2 NAME	
STREET ADDRESS 2050 OLEANDER BLVD., BLDG. 1-102		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. PIERCE FL		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Beatrice Q. Jones Treasurer* **4-29-98 561-466-2241**

CR2E037 (10/97)