

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

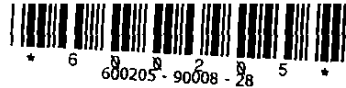
FILED
 Aug 03, 1999 8:00 am
 Secretary of State

08-03-1999 90008 028 ****61.25

DOCUMENT # 726456

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1740798	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON, JOHN M 2050 OLEANDER BLVD BLDG 7 #301 FT PIERCE FL 34950				81 Name ROBERT CUPPS			
				82 Street Address (P.O. Box Number is Not Acceptable) 2050 OLEANDER BLVD.			
				83 City Bldg 6-201			
				84 City FT PIERCE			
				85 Zip Code FL 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Cupps*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUPPS, ROBERT		1.2 NAME	KEITH SPIVEY			
STREET ADDRESS	2050 ORLANDER BLVD, 6-202		1.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 8-209			
CITY-ST-ZIP	FT PIERCE FL 34950		1.4 CITY-ST-ZIP	FT PIERCE, FL 34950			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, LOIS JEAN		2.2 NAME	A PATAKUS			
STREET ADDRESS	2050 OLEANDER BLVD, 2-106		2.3 STREET ADDRESS	2050 OLEANDER BLVD - 7-306			
CITY-ST-ZIP	FT PIERCE FL 34950		2.4 CITY-ST-ZIP	FT PIERCE, FL 34950			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATAKUS, JOHN		3.2 NAME	ROBERT MILLS			
STREET ADDRESS	2030 OLEANDER BLVD, 7-306		3.3 STREET ADDRESS	2050 OLEANDER BLVD - BLDG 11-205			
CITY-ST-ZIP	FT PIERCE FL 34950		3.4 CITY-ST-ZIP	FT PIERCE, FL 34950			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, JOHN		4.2 NAME	LINDA HUGHES			
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 7-301		4.3 STREET ADDRESS	2050 OLEANDER BLVD - 11-207			
CITY-ST-ZIP	FORT PIERCE FL 34950		4.4 CITY-ST-ZIP	FT PIERCE, FL 34950			
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EGERTON, ALICE		6.2 NAME	MICHAEL ZYAK			
STREET ADDRESS	2050 OLEANDER BLVD., BLDG. 1-102		6.3 STREET ADDRESS	2050 OLEANDER BLVD - 7-101			
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY-ST-ZIP	FT. PIERCE, FL 34950			

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, with all other like empowered.

SIGNATURE: *Betty Jones* SIGNATURE: *Betty Jones (Treas.)* 7-28-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)