

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90277 005 ****61.25

0062329

DOCUMENT # 726456

1. Entity Name

ISLAND HOUSE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2050 OLEANDER BLVD
 RECREATION BLDG
 FT. PIERCE FL 34950

2050 OLEANDER BLVD
 RECREATION BLDG
 FT. PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-1740798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *M. JOHN THOMPSON*
 Street Address (P.O. Box Number is Not Acceptable) *2050 OLEANDER BLVD - BLDG #7-301*
 City *FT. PIERCE* FL Zip Code *34950*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *X M. JOHN THOMPSON* *X M. John Thompson* DATE *16 April 01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIFT, MICHAEL	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 8-209	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATAKUS, A	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 7-306	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EGERTON, ALICE	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 11-205	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, BARBARA	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 11-207	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, BETTY	
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 3-104	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVIA, PETER	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 7-101	
CITY-ST-ZIP	FORT PIERCE FL 34950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE HART	
STREET ADDRESS	2050 OLEANDER BLVD - BLDG #5 - #202	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH SPINNER	
STREET ADDRESS	2050 OLEANDER BLVD. - BLDG #1 - #106	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MILLS	
STREET ADDRESS	2050 OLEANDER BLVD. - BLDG 11 - 205	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH TUTTLE	
STREET ADDRESS	2050 OLEANDER BLVD - BLDG #63	
CITY-ST-ZIP	FT. PIERCE, FL 34950	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE REQUIRED* DATE: *16 April 01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)